

Purpose

NDCPD's ACCESS Scholarship is designed to support students with significant developmental disabilities to attend Minot State University. To be eligible for the ACCESS Scholarship, applicants must be enrolled for a minimum of six (6) semester hours and have a significant intellectual, sensory or mobility disability.

The ACCESS Scholarship is awarded by the North Dakota Center for Persons with Disabilities Consumer Advisory Council. Awards are made based on the availability of funds and eligible applicants. **The application deadline is June 1.** Application materials are available in alternative formats upon request and online at <http://www.ndcpd.org/access-scholarship.html>. Please direct questions to NDCPD's Executive Director at (701) 858-3580.

Those individuals selected as semi-finalists will participate in an interview with the selection committee.

All items must be completed or your application will not be reviewed!

Personal Information (complete each item)

Name	
Mailing Address	
City, State, Zip	
Home Phone	
MSU Student ID #	
Email Address	

Applicant Information related to Disability and Education

<p>Education – this fall, my college status will be a:</p> <p><input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore</p> <p><input type="checkbox"/> College Junior <input type="checkbox"/> College Senior</p> <p><input type="checkbox"/> Graduate Student <input type="checkbox"/> Advancing Student Transition into Educational Programs</p> <p><input type="checkbox"/> # of credits I will take in the fall semester</p>	<p>Intended major course of study:</p> <p>_____ or <input type="checkbox"/> undecided</p> <p>Classes I intend to take: _____</p> <p>_____</p> <p>Year graduated from High School: _____</p>
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Disability (Check all that apply)

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Movement
<input type="checkbox"/> Mobility	<input type="checkbox"/> Health	<input type="checkbox"/> Learning	<input type="checkbox"/> Other

How does your disability impact your life and academics?

Application Questions

As a student with a disability, indicate which (if any) of the following accommodations that you have requested:

EQUAL ACCESS Accommodations

- | | | |
|--|---|--|
| <input type="checkbox"/> Priority registration | <input type="checkbox"/> Accessible classroom | <input type="checkbox"/> Note takers |
| <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Electronic Textbooks | <input type="checkbox"/> Interpreters and captioning |
| <input type="checkbox"/> Other _____ | | |

TESTING Accommodations

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Oral testing | <input type="checkbox"/> Scribe services | <input type="checkbox"/> Extended time testing |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Private/quiet room | <input type="checkbox"/> Other _____ |

As a student with a disability, indicate which (if any) of the following accommodations that you use to reach the campus or support yourself while going to school.

- | | | |
|---|--|--|
| <input type="checkbox"/> Service dog | <input type="checkbox"/> Accessible transportation | <input type="checkbox"/> Modified living space |
| <input type="checkbox"/> Orientation and mobility aides | <input type="checkbox"/> Adaptive materials | <input type="checkbox"/> Personal living assistant |
| <input type="checkbox"/> Other, please specify _____ | | |

Have you applied for or received other scholarships this year? Yes or No

If yes, please list:

What are your goals in college?

What are your goals after college?

How will this scholarship be helpful? (please attached additional sheets as necessary)

List any extra curricular or volunteer activities that you have done. (no acronyms please)

Address Information

Please return this application by **June 1st** to: NDCPD Access Scholarship, Attn: Askvig
Minot State University
500 University Ave. West
Minot ND 58707

If chosen for this award, you allow NDCPD the right to use your name and photograph in electronic media and publications.

Confidential: This document and the information in it are provided in confidence, for the sole purpose of determining a scholarship award, and may not be disclosed to any third party or used for any other purpose without the express written permission of the applicant.