

M. Bryce Fifield ACCESS Scholarship Application

*North Dakota Center for Persons with Disabilities
Minot State University*



Purpose

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

The 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 <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> ASTEP </p> <p><input type="checkbox"/> # of credits I will take in the fall semester</p> | <p>Intended major course of study: _____ or ___ undecided</p> <p>Classes I intend to take: _____ _____</p> <p>Year graduated from High School: _____</p> |
| <p>Disability (Check all that apply)</p> <p> <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 </p> | |
| <p>Does your Developmental disability result in substantial functional limitations in the following areas: (Please check all that apply)</p> <p> <input type="checkbox"/> Self-care <input type="checkbox"/> Receptive and expressive language <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Self-direction <input type="checkbox"/> Capacity for independent living <input type="checkbox"/> Economic self-sufficiency </p> | |

Application Questions

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

EQUAL ACCESS Accommodations

Priority registration Accessible classroom Note takers
 Assistive technology Electronic textbooks Interpreters and captioning
 Other _____

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

Service dog Accessible transportation Modified living space
 Orientation and mobility aides Adaptive materials Personal living assistant
 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 M. Bryce Fifield Access Scholarship
Attn: Dr. Lori Garnes
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.*