

## This application is used for both scholarships listed below. Please check all that you wish to apply for:

- \_\_\_ Damon Anthony Bettendorf Scholarship (undergraduate student who is <u>legally blind</u>; 2.5 GPA)
- Sterling H. Huntington, M.D. and Laura Huntington Scholarship (undergraduate or graduate student with a physical disability; PB County resident)

This application and all requested information and documents must be returned to Student Accessibility Services, no later than May 15, 2025. Incomplete applications will **not** be considered by the scholarship committee. Scholarship applicants will be notified of the committee's decision by the first week of August.



## **SAS Scholarship Application**Checklist of Required Materials

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 1.	Completed Scholarship application form
 2.	Personal statement
	Proof of Palm Beach Residency (only for Huntington Scholarship Applicants)
 4.	An unofficial transcript
	<b>Two</b> letters of recommendation (addressing my academic success/potential and personal attributes)
6.	I have completed my FAFSA

The applicant must submit all the preceding documents by May 15, 2025, or the scholarship application will <u>not</u> be processed.



riease print or type:				
NAME:			DA <sup>-</sup>	ГЕ:
(Last)	(First)	(M.I.)		
Z#:	PHON	E:		
ARE YOU A RESIDENT OF	PALM BEACH CO	UNTY?	Yes	No
ADDRESS:				
(City)		(State)		(Zip Code)
CURRENT ACADEMIC LEV	<u>/EL</u> :			
Freshman	Sophomore		_ Junior	Senior
Second bachelor's	Graduate			
EXPECTED DATE OF HIGH	H SCHOOL OR CC	LLEGE GRA	ADUATION:	
CUMULATIVE GPA:				
MAJOR:				
I authorize the release of persons involved in the s By submitting this applic release information pert for the purposes of dete	selection of schola cation, I authorize aining to my finar	arship reci the Office ncial aid el	pients. of Student Fi igibility to the	nancial Aid to
Applicant's S	ignature			 Date

You may answer the following questions in the space provided or attach a typed or handwritten essay that indicates the following information. The essay should be no longer than 2 double-spaced pages.

STATEMENT OF FINANCIAL NEED (Describe your financial situation, means of support, unusual circumstances and additional expenses you incur as a result of your disability):
2.) <u>LIST OTHER RESOURCES</u> (scholarships, grants, loans, etc):
3.) DESCRIBE HOW YOUR DISABILITY AFFECTS YOU IN YOUR DAILY LIFE AND IN YOUR ACADEMIC PURSUITS:

4.)	) DESCRIBE SERVICE ACTIVITIES TO THE UNIVERSITY OR COMMUNITY:							
	<u>PERSONAL</u> goals):	STATEMENT	(Describe	your	achievements,	activities,	and	caree