CRITERIA FOR SELECTION

Merit, financial need, financial aid eligibility, transcripts, recommendation forms and student essay
ALL DECISIONS FROM THE COMMITTEE ARE FINAL

AWARDS

Awards will become effective in the fall 2017 semester, in an amount not to exceed $1,000 per recipient. Funds will be automatically deposited in recipient's account, to be applied toward tuition, room, board, books and other academic-related expenses. This is a single year award but students are eligible to re-apply in subsequent years. Awards are typically split between the fall and spring semesters. Students will be notified of the status of their application by August 21, 2017.

ERIC P. ALEXANDER MEMORIAL SCHOLARSHIP

THE UNIVERSITY OF HOUSTON CENTER FOR STUDENTS WITH DISABILITIES IS PROUD TO OFFER THE ERIC P. ALEXANDER MEMORIAL SCHOLARSHIP. THIS SCHOLARSHIP IS GIVEN IN LOVING MEMORY OF A YOUNG MAN WHO HAD A LEARNING DISABILITY.

THE PURPOSE OF THIS SCHOLARSHIP IS TO ENCOURAGE UH STUDENTS WHO HAVE LEARNING, PSYCHOLOGICAL, OR NEUROLOGICAL DISABILITIES TO PURSUE THEIR EDUCATIONAL AND CAREER OBJECTIVES. THE SUCCESSFUL APPLICANT WILL BE AWARDED UP TO $1000 FOR THE 2017-2018 ACADEMIC YEAR.

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

1. BE A UH STUDENT REGISTERED WITH CSD
2. HAVE A DOCUMENTED LEARNING OR PSYCHOLOGICAL DISABILITY, AS DICTATED BY THE CSD GUIDELINES.
   POSSIBLE DIAGNOSES INCLUDE BUT NOT LIMITED TO:
   • ADD; ADHD; DEPRESSION; BIPOLAR DISORDER; ANXIETY DISORDERS;
   • OCD; SCHIZOPHRENIA; AUTISM SPECTRUM DISORDERS (INCLUDING FORMERLY ASPERGER’S SYNDROME)
   • NEUROLOGICAL DEFICITS FROM STROKE OR TRAUMATIC BRAIN INJURY
3. BE ELIGIBLE FOR FINANCIAL AID FOR THE FALL AND SPRING SEMESTER APPLIED FOR AND QUALIFY TO RECEIVE A GRANT AND/OR STUDENT LOAN
4. BE FULL-TIME DEGREE SEEKING STUDENT OR ELIGIBLE FOR REDUCED COURSE LOAD.
   • UNDERGRADUATE 12 HOURS
   • GRADUATE 9 HOURS
5. MAINTAIN A GPA OF 2.0 OR BETTER, PREFERENCE GIVEN TO STUDENTS WITH GPA OF 2.5 OR BETTER.
6. BE A CURRENT STUDENT WITH ONE COMPLETED YEAR AT UH
7. MUST HAVE AN HAVE A CURRENT CONFIDENTIAL STUDENT ACCOMMODATION FORM.
INSTRUCTIONS FOR COMPLETING APPLICATION
AND CHECKLIST (ALL ITEMS REQUESTED MUST
BE SUBMITTED, STAPLED AND IN ORDER)

All applicants must submit all of the following documents.
1. Completed Personal Information form.
2. Submit copy of current course schedule
3. College transcript (unofficial)
4. Two completed recommendation forms
   - One – current or previous UH instructor from student’s major
     field of study.
   - One – from another university professor, high school teacher or
     workplace supervisor.
5. Essay including the following:
   - Your major and academic goals
   - Your career objectives
   - How this scholarship would assist you in achieving your
     academic goals
   - Discuss strategies you have used to compensate for your
     disability in an academic setting.
7. SUBMIT PAGES # 3 – 8 ORIGINAL APPLICATION TO CSD BY
   JULY 21, 2017 AT 12:00 NOON.
8. PACKETS WILL BE CONSIDERED INCOMPLETE IF:
   - TURNED IN LATE
   - NOT IN ORDER
   - MISSING DOCUMENTS
PERSONAL INFORMATION FORM

Type or print neatly in ink.

Name of applicant________________________________ PS#_________________________

Address___________________ City ______________ State_____ Zip_________

Phone ______________________ E-mail_______________________________________

College_________________________ Major_______________________________

Classification: __Freshman __Sophomore __Junior __ Senior __ Grad;
Cumulative GPA ______

Activities

_____________________________________________________________________

_____________________________________________________________________

Have you applied for financial aid through UH? ____Yes  ____No

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ELIGIBILITY REQUIREMENTS AND THAT, TO THE BEST OF YOUR KNOWLEDGE, YOU MEET THESE REQUIREMENTS.

APPLICANT SIGNATURE _________________________ DATE ________________
ERIC P. ALEXANDER MEMORIAL SCHOLARSHIP

RECOMMENDATION FORM

Applicant: PLEASE COMPLETE PART ONE AND ASK YOUR REFERENCE TO COMPLETE PART TWO,

PART ONE: Student Name: ___________________________ PSiD#: __________________

Evaluator: PLEASE RATE THE APPLICANT BELOW AND RETURN TO THE APPLICANT.

PART TWO:

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In what capacity do you know this applicant?

College Professor                  High School Teacher                  Workplace Supervisor

For how long?  Course taught or name of workplace

Evaluator's Name:  Title:

Signature:  Phone:  
ERIC P. ALEXANDER MEMORIAL SCHOLARSHIP
RECOMMENDATION FORM

Applicant: PLEASE COMPLETE PART ONE AND ASK YOUR REFERENCE TO COMPLETE PART TWO,

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College Professor  High School Teacher  Workplace Supervisor

For how long?  Course taught or name of workplace

Evaluator's Name:  Title:

Signature:____________________________________  Phone ____________________________________
APPLICANT SUBMISSION CHECKLIST

Applicants are asked to use the following checklist to ensure that their application packet is complete before submission:

☐ Completed Personal Information Form (page 3 of this application)
☐ Copy of current course schedule (student supply)
☐ Copy of college transcripts (unofficial copy student supply)
☐ Completed recommendation forms (pages 4-7) or recommendation letters (minimum of two (2))
☐ Essay (student supply) one page in length
☐ Proof of financial aid eligibility (student supply) no applications

☐ SUBMIT PAGE #’S 3 – 8 ORIGINAL APPLICATION TO CSD BY JULY 21, 2017 AT 12:00 NOON.

Please submit the complete original packet no later than 12:00 noon on July 21, 2017. Submit documents to the CSD in a single envelope clearly labeled with the following:

- ERIC P. ALEXANDER SCHOLARSHIP Application
- Your Name ______________________________
- PSID __________________________