

**ALLAN SAXE DISABLED STUDENT SCHOLARSHIP
APPLICATION FORM**

Additional Information:

V. Please list the nature of your disability:

Estimate your budget/expenses for the period of this scholarship (Fall semester 08/24/2009 - 12/11/2009):

VI. Any unusual expenses:

VII. Transportation costs:

VIII. Insurance costs:

IX. Current medical needs:

X. Debt repayments (specify medical, supplies, education, other):

XI. Other (specify):

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XII. Please provide a written essay which must be typed, doubled spaced and a maximum of 500 words. This essay should explain to the scholarship committee **what you see as your contribution to the UT Arlington community and/or your local community and why you are deserving of this special recognition. (Please use additional paper if necessary)**

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Applicant's statement and checklist:

1. I am requesting a transcript to be secured by the Office for Students with Disabilities.
2. I have provided two letters of recommendation using the form provided by OSD supporting my academic record to the Office for Students with Disabilities.
3. I have provided a typed, double spaced essay that is a maximum of 500 words (see application for specific topic).
4. I will be a full-time student (12 hours) while participating under this program.
5. I will use the proceeds of the scholarship for the payment of tuition and required fees, board and room, and/or related education expenses.
6. I am registered in The Office for Students with Disabilities and hereby allow OSD to share information regarding my disability with the scholarship committee.
7. I hereby acknowledge that the information submitted herewith is true and correct.

Applicant's Signature

Date

Return your completed scholarship application and supporting documents by **Monday, October 12, 2009** to:

UT Arlington
Office for Students with Disabilities
University Hall, Rm. 102
Box 19510
601 S. Nedderman Drive
Arlington, Texas 76019
Phone (817) 272-3364
Fax (817) 272-1447