

Learning Disability Merit Scholarship

The Learning Disability Merit Scholarship at Florida State University was established in 2002 to reward students with learning disabilities who have maintained a high grade point average. Two applicants are chosen each fall semester to receive an award of \$300.

ALL APPLICANTS MUST:

- A. Provide a current transcript (not a photocopy) which documents a cumulative grade point average of at least **3.2** (on a 4.0 scale) on all credits.
- B. Have a documented learning disability. The learning disability must be documented by a psychoeducational evaluation, which includes measures of cognitive ability, academic achievement, and information processing.
- C. Be a degree-seeking undergraduate student at Florida State University, and have completed at least one year (two semesters) and 18 credit hours of coursework at FSU.

If you meet all three criteria above, submit the following before or by **Friday, May 15, 2009.**

- 1) A completed Learning Disability Merit Scholarship application (Attached)
- 2) A current official transcript
- 3) Documentation of learning disability (ies)
- 4) A personal statement (two double-spaced pages) focusing on what you would say to high school students with learning disabilities about what you believe they need to do to be successful in college.

Submit all of this to:

FSU's Learning Disability Merit Scholarship
Attention: Bea Awoniyi, Assistant Dean and Director
Student Disability Resource Center
97 Woodward Ave 108 Student Services Building
Tallahassee, FL, 32306-4400

Or you can email it to either:

Bea Awoniyi, Assistant Dean and Director at bawoniyi@fsu.edu

OR

Tim Ebener, Associate Director at tebener@fsu.edu



Learning Disability Merit Scholarship Application



Please fill this out and complete by **Friday, May 15, 2009.**

Incomplete applications will not be considered.

LAST NAME

FIRST NAME

MI

SOCIAL SECURITY #

CURRENT STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

E-MAIL ADDRESS

PERMANENT STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

CURRENT CUMULATIVE GPA _____ ANTICIPATED GRADUATION DATE: _____

2009-2010 ACADEMIC LEVEL

(Check one) _____ Freshman _____ Sophomore _____ Junior _____ Senior

I certify that I have read and understood the conditions for participation in this program. The information I am supplying in this application is true, complete, and accurate.

Signature Date

Date