

PHILLIP PREIS MEMORIAL SCHOLARSHIP INFORMATION

If you owe a debt on your student account for the current semester and you are in financial need, you are encouraged to apply for the OSWD Phillip Preis Memorial Scholarship Fund Scholarship. Awards are applied directly to your Gallaudet student account to help with tuition, and room and board expenses.

To be eligible for the Preis Fund Scholarship, you must:

- be deaf or hard of hearing, with a permanent, documented mobility-related disability,
- be enrolled at Gallaudet for the Spring 2018 semester when application is made,
- be a full-time or part-time undergraduate or graduate student,
- have a cumulative GPA of at least 2.5,
- demonstrate the need for financial assistance **FOR** the current semester, and
- show active participation in OSWD services by:
 - having at least 3 contacts with your OSWD Coordinator this academic year,
 - completing your OSWD Service Plan and/or developing your Faculty Accommodations Letter for the current semester. If you have not completed either, set-up an appointment with your Coordinator to complete these tasks.

Important notes:

- Preference will be given to candidates with mobility related disabilities resulting in continued use of a wheelchair or power chair.
- Preis scholarships can only be awarded for student debt incurred for the current semester. OSWD cannot offer scholarships for debt from prior semesters.
- First semester students that have not yet established a Gallaudet University GPA, are not eligible to apply.
- All students applying for the Preis Fund Scholarship must complete a "confidentiality release form", allowing OSWD to obtain your GPA, and financial and student accounts information.

Students who do not complete the above paperwork or meet with their coordinator will not be eligible for the Preis Fund Scholarship.

**PHILLIP PREIS MEMORIAL SCHOLARSHIP
APPLICATION**

Office for Students with Disabilities
Gallaudet University
Student Academic Center SAC 1220
Phone 202-651-5256 Fax 202-651-5887

(Type or print)

Current semester _____ Year _____

Name of Applicant _____
Last First Middle

Address or P. O. Box _____

Campus mail address _____

Gallaudet ID Number _____

Email address _____

Type of disability _____

Date of Birth _____ Age _____ Male _____ Female _____

How did you hear about the Phillip Preis Memorial Scholarship?

Have you ever applied for a Phillip Preis Memorial Scholarship before?

Name _____

EDUCATION

List the secondary schools, colleges, training institutions, universities, etc. you have attended. List the most recent institution first. Do not list the institution in which you are presently enrolled.

Name of Institution _____

City, State, and County _____

Course of study _____ Degree or Certificate _____

Dates of attendance from _____ to _____

Name of Institution _____

City, State, and County _____

Course of study _____ Degree or certificate _____

Dates of attendance from _____ to _____

List any academic awards or honors you have received. Give name of Institution.

Name _____

STATUS, PRESENT COURSE OF STUDY, AND CAREER GOALS

a. Freshman___ Sophomore___ Junior ___ Senior ___ Graduate/Ph.D. _____

b. State your major course of study and the degree you are pursuing

c. Why did you choose this major?_____

d. What is your career goal?_____

e. Date of enrollment _____ Full-time student Yes () or No ()

g. How many credits are required for the degree you are pursuing?_____

h. How many credits did you have before the current semester?_____

i. What requirements will remain after the current semester?_____

j. What is your current GPA? (cumulative) _____

k. When do you plan to get your degree or certificate? Month _____ Year _____

Name _____

STATUS, PRESENT COURSE OF STUDY, AND CAREER GOALS CONTINUED

If a thesis or dissertation is included among the requirements that will remain for the current semester, describe the content briefly. Give title if possible. If it will include field of research, explain where and when you will do it. Include a schedule for completing the thesis or dissertation. *Do not exceed the space provided.*

Explain your goals

Name _____

FINANCIAL INFORMATION

In the space provided, please give (1) your estimated living and study expenses for the period that would be covered by the Scholarship award, normally, the current academic semester; (2) the sources of the funds that will be available to you during that period; and (3) the estimated amounts of those funds. *If you want to add a page, label it with your name and “page 5 continued”.*

ESTIMATED EXPENSES

Tuition and fees \$ _____

Housing and food \$ _____

Books and academic supplies \$ _____

Transportation \$ _____

Health insurance \$ _____

Other (child care, loan repayments, etc.) \$ _____

Total \$ _____

Name _____

FINANCIAL INFORMATION CONTINUED

Sources of Funds

Estimated Amounts

*Such as: Loan, personal savings contributions, from family members, on-campus or off campus employment, fellowships, grants teaching, or research assignments, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Please explain "Other" estimated expenses if the total is 10% or more of your total estimated expenses.

If your estimated expenses shown on the previous page exceed the estimated accounts available to you, please explain how you plan to make up the deficit.

Name _____

If you have applied elsewhere for a Grant, or plan to do so, please indicate the source and amount. Applications to other funding sources will not exclude you from consideration for a Preis Memorial Scholarship.

USE OF PREIS SCHOLARSHIP AWARDS

Explain how you would spend such a Grant and over what period of time. Be specific as possible. Scholarship awards may not be used to repay loans. Do not exceed the space provided below.

Name _____

COMMUNITY SERVICE

Describe community service in which you have engaged for which you were *not* paid.

List most recent first.

Agency or institution _____

City, State, and Country _____

Duties of service _____

Description of responsibilities

Agency or institution _____

City, State, and Country _____

Duties of service

Description of responsibilities
