

DISABILITY SERVICES

University Plaza
Atlanta, GA 30303-3083
Phone: 404/413-1560 voice TTY: 404-413-1564
Fax: 404/413-1563



MARGARET A. STATON SCHOLARSHIP

PERSONAL INFORMATION FORM

PLEASE TYPE- HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

APPLICANT NAME _____ SSN _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER (INCLUDE AREA CODE) _____

MAJOR _____ COLLEGE OR DEPT. _____

CLASSIFICATION FOR **FALL 2008** __ FR __ SOPH __ JR __ SR __ GRAD STUDENT

CUMULATIVE GPA _____ NUMBER OF SEMESTER HOURS COMPLETED _____

BRIEFLY DESCRIBE YOUR DISABILITY(i.e. L.D. in Reading, Hearing Impairment, Quadriplegic)

ARE YOU CURRENTLY REGISTERED WITH DISABILITY SERVICES AT G.S.U.? __ YES __ NO

COMMUNITY ACTIVITIES (Please list) _____

HAVE YOU APPLIED FOR FINANCIAL AID AT GSU FOR THE 2008-2009 SCHOOL YEAR? __ YES __ NO

DID YOU RECEIVE FINANCIAL AID FOR THE CURRENT SCHOOL YEAR? __ YES __ NO

IF I AM SELECTED AS A RECIPIENT OF THE MARGARET A. STATON SCHOLARSHIP, I GIVE PERMISSION FOR THE AWARDS COMMITTEE TO RELEASE MY NAME. IN DOING SO, I REALIZE THAT I WILL BE IDENTIFIED AS A STUDENT WITH A DISABILITY. __ YES __ NO Please initial _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THE ELIGIBILITY REQUIREMENTS FOR THIS SCHOLARSHIP AND THAT TO THE BEST OF MY KNOWLEDGE I MEET THESE REQUIREMENTS. I ALSO VERIFY THAT INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE.

APPLICANT'S SIGNATURE _____ DATE _____

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RECOMMENDATION FORM

TO THE APPLICANT: PLEASE PRINT YOUR NAME AND SOCIAL SECURITY NUMBER BELOW, THEN GIVE THIS FORM TO YOUR EVALUATOR (non-family member) TO COMPLETE. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THIS FORM IS RETURNED TO DISABILITY SERVICES BY **April 11, 2008**.

STUDENT NAME _____ SSN _____

TO THE EVALUATOR: PLEASE COMPLETE THE EVALUATION MATRIX BELOW AND ATTACH A LETTER OF RECOMMENDATION FOR THIS STUDENT, THEN RETURN IT TO DISABILITY SERVICES BEFORE **April 11, 2008**.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS FOR JUDGEMENT
MOTIVATION					
CREATIVITY					
ACADEMIC SELF DISCIPLINE					
LEADERSHIP					
EMOTIONAL MATURITY					
PERSONAL INITIATIVE					
REACTION TO SETBACKS					
INTEGRITY					
SELF-CONFIDENCE					
POTENTIAL					
GOAL-ORIENTED					
COMMUNICATION SKILLS					
INTERPERSONAL SKILLS					
OVERALL ASSESSMENT					

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? COLLEGE PROFESSOR HIGH SCHOOL TEACHER
 CO-WORKER SUPERVISOR

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ COURSE TAUGHT OR NAME OF WORKPLACE _____

EVALUATOR'S NAME _____ TITLE _____

SIGNATURE _____ DATE _____

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MARGARET A. STATON SCHOLARSHIP

ELIGIBILITY CRITERIA

TO APPLY FOR THE MARGARET A. STATON SCHOLARSHIP AN APPLICANT:

- Must have a documented disability and be registered with the Margaret A. Staton Office of Disability Services at GSU.
- Undergraduate students must have completed at least one semester at Georgia State and have maintained a GPA of 2.5 or higher.
- Graduate students must be accepted into or currently participating in a specific graduate or professional program at GSU and have a GPA of 3.0 or higher.

Applications will only be considered if:

- The application packet (including the original and seven copies) arrives in the Margaret A Staton Office of Disability Services by the deadline **April 11, 2008**. *Please note: copies of this application will not be made at Disability Services. Applicants are responsible for making copies of their recommendation letters and forms. These are NON-CONFIDENTIAL recommendation forms and letters.*
- The application form is typed and signed.
- **The essay is typed in 14-point type size or larger and is double-spaced.**

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MARGARET A. STATON SCHOLARSHIP

DETERMINATION OF RECIPIENT

To determine who will receive the Margaret A. Staton Scholarship, the Award Committee will evaluate each applicant in the following areas:

- academic achievement
- severity of impact of the disability on academic and vocational activities, and
- campus and community involvement.

If the needed information is missing or isn't adequately addressed in the application, points will be deducted. All things being equal, preference will be given to individuals with physical disabilities and to women students.

Finalists will be notified by telephone and will be scheduled to meet with the committee. In the event that the applicant cannot be reached, they will be deemed ineligible. Finalists who fail to appear for the interview will also be deemed ineligible.

The determination of the Awards Committee will be final.

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INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Applications must be typed, **no handwritten applications will be accepted.**
- Applicants must attach a transcript for all college level classes.
- A minimum of two completed Recommendation Forms **with accompanying letters of recommendation**, must arrive at Disability Services on or before **April 11, 2008**. These recommendations can be from a professor, a high school teacher, or a personal mentor. Must use a different essay from previous years, and cannot use essay from a previous scholarship application. Your essay should reflect the progress you have made in your academic and career objectives during the past year. It is suggested that students make use of all writing resources available (writing labs, tutors, etc). ODS staff cannot assist students with their essays.
- All applications must include a 500-1000 word essay addressing the following questions:
 1. What are your current academic and career objectives?
 2. What is your disability and how does it impact your ability to achieve those objectives?
 3. How would this scholarship assist you in attaining these objectives?
 4. If you do not receive this scholarship, what alternatives will you use to assist you in achieving those objectives?
- **To be considered for the award, applicants must submit a complete original application (including all components mentioned above) plus 7 copies to Disability Services on or before April 11, 2008. Please note: copies of this application will not be made at Disability Services. Applicants are responsible for making copies of their recommendation letters and forms. These are NON-CONFIDENTIAL recommendation forms and letters.**

AWARDS

Awards will become effective Fall Semester 2008. The actual number and amount of individual awards will be subject to the availability of funds and at the sole discretion of the Awards Committee. The awarded money will be split and placed into the recipient's student account at the beginning of the Fall 2008 and Spring 2009 semester. The scholarship award is contingent upon the recipient's acceptance to, or continuation in, a Georgia State graduate or undergraduate program. All application documents will become the property of the Awards Committee.