

# ACCESS Scholarship Application

## North Dakota Center for Persons with Disabilities

### Minot State University



### Purpose

The purpose of the ACCESS Scholarship is to support students with significant developmental disabilities attending Minot State University. To be eligible for the ACCESS Scholarship, applicants must be enrolled for a minimum of six (6) semester hours and have a significant intellectual, sensory or mobility disability.

The ACCESS Scholarship is awarded by the North Dakota Center for Persons with Disabilities Consumer Advisory Council. Awards are made periodically based on the availability of funds and eligible applicants. If chosen for this award, you allow NDCPD the right to use your name and photograph in electronic media and publications. **The application deadline is June 1.** Application materials are available in alternative formats upon request and online at <http://www.ndcpd.org/disinfo/access.shtml>. Please direct questions to NDCPD's Consumer Liaison at (701) 858-3580.

### Personal Information (complete each item)

<b>Name</b>	
<b>Mailing Address</b>	
<b>City, State, Zip</b>	
<b>Home Phone</b>	
<b>MSU Student ID #</b>	

### Applicant Information related to Disability and Education

<p><b>Education – this fall, my college status will be a:</b></p> <p> <input type="checkbox"/> College Freshman            <input type="checkbox"/> College Sophomore  <input type="checkbox"/> College Junior                <input type="checkbox"/> College Senior  <input type="checkbox"/> Graduate Student  <input type="checkbox"/> # of credits I will take in the fall semester         </p>	<p>Intended major course of study:</p> <p>_____ or ___ undecided</p> <p>Year graduated from High School: _____</p>
<p><b>Disability (Check all that apply)</b></p> <p> <input type="checkbox"/> Vision                                <input type="checkbox"/> Hearing                                <input type="checkbox"/> Speech/Language                <input type="checkbox"/> Movement  <input type="checkbox"/> Mobility                               <input type="checkbox"/> Health                                <input type="checkbox"/> Learning                               <input type="checkbox"/> Other         </p>	
<p><b>Name, title, or diagnosis of disability:</b></p> <p>_____</p>	

## Application Questions

As a student with a disability, indicate which (if any) of the following accommodations that you have requested:

### EQUAL ACCESS Accommodations

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Priority registration | <input type="checkbox"/> Accessible classroom | <input type="checkbox"/> Note takers                 |
| <input type="checkbox"/> Assistive technology  | <input type="checkbox"/> Text on CDs          | <input type="checkbox"/> Interpreters and captioning |

### TESTING Accommodations

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Oral testing | <input type="checkbox"/> Scribe services    | <input type="checkbox"/> Extended time testing |
| <input type="checkbox"/> Reader       | <input type="checkbox"/> Private/quiet room |  |

As a student with a disability, indicate which (if any) of the following accommodations that you use personally to reach the campus or support yourself while going to school.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Service dog                    | <input type="checkbox"/> Accessible transportation | <input type="checkbox"/> Modified living space     |
| <input type="checkbox"/> Orientation and mobility aides | <input type="checkbox"/> Adaptive materials        | <input type="checkbox"/> Personal living assistant |
| <input type="checkbox"/> Other, please specify _____    |  |  |

Have you applied for or received other scholarships this year? Yes or No

If yes, please list:

Why are you going to college? What challenges do you anticipate? How will this scholarship be helpful? (please attached additional sheets as necessary)

List any extra curricular or volunteer activities that you have done in the past year.

## Address Information

Please return this application by **June 1<sup>st</sup>** to: NDCPD Access Scholarship/S.Mack  
Minot State University  
500 University Ave. West  
Minot ND 58707