

**Disability Services Scholarship Application**

**2022-2023 Academic Year**

Thank you for your interest in applying for one or more of the 2022-2023 Disability Services Scholarships.

Please submit the attached application form and personal essay to Lisa Vogt by

**THURSDAY, MARCH 31ST at 11:59 PM**.

**Scholarship Eligibility Requirements:**

1. **Anna Sborowitz Scholarship** (multiple scholarships will be awarded)
	1. Must be an OSU student with a mobility disability with severe limitations in movement or use of one or more extremities.
	2. Recipients must demonstrate financial need and satisfactory progress in their academic studies.
	3. Students must be enrolled full time or part time with seven or more hours of course work and showing substantial progress towards a degree.
2. **Buckeye Braille Scholarship and Support Fund** (multiple scholarships will be awarded)
	1. Must be an OSU student with a visual disability
	2. Recipient will be asked to make one Braille or tactile graphics request
	3. Student must be enrolled full or part time and showing progress toward a degree
3. **Charles W. Medick Scholarship** (multiple scholarships will be awarded)
	1. Must be an OSU student with a visual disability.
4. **Ohio Lions Foundation/Helen Keller Scholarship** (multiple scholarships will be awarded)
	1. Must be an OSU student and a resident of the state of Ohio.
	2. Must have a visual disability, with preference given to students who are legally blind

**Please submit completed application and personal essay in person or via email to:**

Lisa Vogt

Student Life Disability Services

098 Baker Hall

113 W. 12th Ave.

Columbus, OH 43210

vogt.142@osu.edu



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**2022-2023 Academic Year**

Please submit this scholarship application by **THURSDAY, MARCH 31ST** **at 11:59 PM**.

*Please review the attached document for scholarship eligibility requirements.*

**Please select all scholarships you are applying for:**

*Anna Sborowitz Scholarship*

*Charles W. Medick Scholarship*

*Ohio Lions Foundation/Helen Keller Scholarship*

*Buckeye Braille Scholarship and Support Fund*

**Please complete the following personal information:**

Name and Email:

Permanent Address:

Year in School and Major:

Are you currently receiving funds from BVR and/or BSVI?:

Are you currently receiving financial aid?:

Nature of Disability:

Awards or Honors and/or Community Service Activities:

**Please attach the following:**

* A personal essay that includes how your disability is an aspect of your identity, information regarding your financial need, and a description of your career goals. (Word minimum: 500, Word maximum: 750)