

Application Deadline: March 2, 2012

Eligibility Requirements

Completion of application

Essays should be no longer than 250 words in length and fit in the area given.

YOU MUST ANSWER ALL 3 QUESTIONS.

Essay 1 – Limitations (handicap™)

Essay 2 – Community

Essay 3 – Personal Statement

2 Letters of Recommendations

- First letter must be from a non-family member and can be one page in length.
- Second letter can be from whomever the applicant chooses and can be one page in length.

Documentation of disability

- The disability can be physical, learning, cognitive, etc. Any disability covered under ADA law is eligible for the Incight scholarship.
- The documentation can be an IEP, Social Security Benefits letter, physician's letter classifying the condition as a disability, or a proof of registration at the schools office for students with disabilities.

Full-time enrollment at trade school, college, or university for Fall 2012

- Full – time enrollment or official documentation stating accommodations.

Application Submission Instructions

Applying by email:

You may scan all of your documents and attach them to your application and email them as an attachment to scholarship@incight.org.

Applying by mail:

You can make copies of all of these documents and mail them along with your application to:

Incight
Attn: Scholarship
310 SW 4th Ave. Suite 630
Portland, OR 97204

NOTE: All letters of recommendation must be mailed directly to our office in a signed and sealed envelope by the writer of choice. All letters must be postmarked by the application deadline: March 2, 2012.

For questions regarding this application contact:

PORTLAND
Lauren Mannix
971.244.0305
lauren@incight.org

PALM DESERT
Judy A. May
760.674.2473
judy@incight.org

ALL FIELDS ARE REQUIRED

APPLICANT INFORMATION		
Last Name	First Name	M.I.
Address		Unit #
City	State	Zip
Home Phone	Cell Phone	
Preferred Phone	DOB ____ / ____ / ____	
E-mail		
Disability		
Are you able to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALL FIELDS ARE REQUIRED

SECONDARY CONTACT INFORMATION (IF UNDER 18 YEARS OF AGE MUST BE PARENT/GAURDIAN)		
Last Name	First Name	M.I.
Address		Unit #
City	State	Zip
Phone	E-mail	

ALL FIELDS ARE REQUIRED

EDUCATION INFORMATION	
School you are attending/planning to attend	
Address	
Type of School <input type="checkbox"/> Community College <input type="checkbox"/> 4 - year <input type="checkbox"/> Trade School <input type="checkbox"/> Online <input type="checkbox"/> Other	
2012/2013 Grade Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other	
Major	Minor
Est. Date of Graduation (Month/Year)	



Essay Instructions: Essays must be no longer than 250 words and should address all parts of the question. They must be typed in 11 point Times New Roman, single-spaced, and fit within the boxes provided.

1. Essay Introduction – handicap™ (as defined below) keeps people from becoming their best.

hand·i·crap [han-dee-krap] *noun, verb,*
1. a self-imposed limiting belief, adopted as reality.

- A. Describe a handicap™ (or limitation) which has held you back.
B. What have you done to conquer it?

2. As an Incight scholar, it is expected that you participate in giving back to your community. How have you been involved in your community in the past? What will you continue to do in the future?



3. This essay is open ended. Take this opportunity to share any additional information about yourself, such as a personal statement (your response may be longer than 250 words but must fit within the box below).

Applicants under the age of 18 must have the initials and signature of a parent/guardian

Applicant Parent or
Guardian

(Optional) I hereby give permission to Incight to use my name AND/OR picture to appear in any media AND/OR Incight's website. I understand that such materials may divulge my identity AND/OR my name. I realize working with Incight may merit publication and in professional journals, television, or newspapers. I will make no monetary or other claims against Incight for use of these items.

Initial

Initial

The Incight Scholarship is a long term commitment to students with disabilities entering and attending college. Our scholarship commitment is **for up to four years or until graduation**, whichever occurs first, given that the scholar meets the criteria and is selected for a renewal each year. The renewal of the scholarship is contingent on the student's involvement in at least two Incight events throughout the school year, 30 hours of volunteer/work experience, and submission of a quality renewal application.

Initial

Initial

I understand that the scholarship is intended for full time enrollment throughout the entire 2012 - 2013 school year. The scholarship will be pro-rated to reflect the percentage of the school year that the scholar is enrolled full time, in the instance that the scholar is unable to attend due to extenuating circumstances.

Initial

Initial

This is to certify that I understand that receipt of award funds is contingent on my full time attendance, or official documentation stating specific accommodations, during 2012 - 2013 at a trade school, college, or university. If I am a recipient, I give permission to Incight to release information to the media (with exception of financial status) and affiliates. I certify to the best of my knowledge, all information contained in the application is true and accurate. I understand that all decision made by the Scholarship Committee are final.

Initial

Initial

(Optional) I give Incight, and its agents, the right to communicate on my behalf to academic, work related, medical, therapeutic and personal contacts, upon my request.

Initial

Initial

Applicant

Date

Parent/Guardian

Date

Instructor - Letter of Recommendation Form

To the applicant:

- An instructor letter of recommendation is required.
- Complete the "Applicant Information" section.
- Give this form to an instructor of your choosing to complete the recommendation.

APPLICANT INFORMATION		
Last Name	First Name	M.I
Student ID	DOB ____ / ____ / ____	

To the instructor:

- Please complete the "Student Information" section for the student named above.
- **On an attached page**, please write a letter of recommendation identifying the student's participation in your course and their ability to perform well academically.

STUDENT INFORMATION		
Please indicate the course(es) which this student is/was enrolled.		
Course Title	Date ____ / ____ / ____	
Course Title	Date ____ / ____ / ____	
Name		
Signature	Date ____ / ____ / ____	
Institution	City	State

Submission Deadline: postmarked by **March 2, 2012**

Submit by email:

The instructor may submit this form along with the letter of recommendation via scholarship@incight.org.

Submit by mail:

The instructor may submit this form along with the letter of recommendation to:

Incight
Attn: Scholarship
310 SW 4th Ave. Suite 630
Portland, OR 97204

Personal Reference - Letter of Recommendation Form

To the applicant:

- A personal relationship recommendation (in conjunction with the Incight 2012/2013 Scholarship Application) is required.
- Complete the "Applicant Information" section, and then give this form to a personal relationship to recommend you.

APPLICANT INFORMATION		
Last Name	First Name	M.I.
Address		DOB ____ / ____ / ____

To the personal reference:

- Please complete the "Student Information" section for the student named above.
- **On an attached page**, please write a letter of recommendation for this student

STUDENT INFORMATION		
Nature of Relationship	Duration	
Name (print or type)		
Signature	Date ____ / ____ / ____	
Place of Employment	Title	
Address	City	State

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