NEED $$$
FOR SCHOOL?

PEOPLE WITH
disABILITIES CAN
APPLY FOR THE
$250 JOHNNY WATSON
MEMORIAL
SCHOLARSHIP AWARD

FROM THE
CDAC
(Citizens Disability Advisory Committee)

Revised: 12/06/10
JOHNNY WATSON MEMORIAL SCHOLARSHIP AWARD

Sponsored by:
City of Gainesville, Office of Equal Opportunity &
Citizens Disability Advisory Committee (CDAC)

SCHOLARSHIP CRITERIA

1. The applicant must be receiving services (medical, support services, etc...) for a disability. Documentation of the disability or services is required.

2. The applicant must be enrolled in one of the following types of post-secondary educational or vocational programs to qualify:
   a. Classes to learn a skill
   b. A vocational or training program
   c. An Associate’s Degree or Certificate Program
   d. An undergraduate degree program
   e. A graduate degree program

3. The institution of higher learning, post-secondary educational or vocational program MUST be located in the Gainesville Florida area.

4. Grade point average (GPA) will be considered for students who are enrolled in an academic or professional degree program.

SCHOLARSHIP REQUIREMENTS

1. The applicant must complete an application form.

2. The applicant must complete a letter of application that addresses each of the following topics:
   a. Reasons why s/he would be a good candidate for the scholarship
   b. How the scholarship funds will be used

3. The applicant must submit current, up to date of application submission, and accurate documentation.

POST-AWARD REQUIREMENT

1. Within 60 days of receiving notification of the scholarship, the recipient MUST attend one Citizens’ Disability Advisory Committee meeting.

***NOTE: THE LETTER OF APPLICATION IS VERY IMPORTANT. PLEASE TAKE THE TIME TO WRITE A LETTER THAT DETAILS YOUR NEED FOR THE SCHOLARSHIP AND DEMONSTRATES HOW YOU WOULD USE THE FUNDS IF YOU ARE SELECTED AS THE RECIPIENT.

Revised: 12/06/10
GENERAL INFORMATION

Deadline: Applications must be post-marked by the following dates:

March 31st for Summer Sessions
July 31st for Fall Semester
November 30th for Spring Semester

Recipients will be selected according to demonstrated need/merit.

Students can receive this award once per 12-month period.

In each instance determination of scholarship awards is at the sole and exclusive discretion of the Citizen's Disability Advisory Committee in consultation with the City of Gainesville Office of Equal Opportunity staff. Contact with the committee may be initiated at any time for purposes of clarification of questions or to communicate feedback, suggestions, and/or recommendations regarding process modification.

Inappropriate or discourteous communication with the committee, any member or representative therein may result in exclusion from consideration for award for up to three consecutive award periods.

Mail to: Please send the letter of application with the completed scholarship application to the following address:

Sue Debose  
City of Gainesville  
Office of Equal Opportunity  
Station #52  
P.O. Box 490  
Gainesville, FL  32602-0490
JOHNNY WATSON MEMORIAL SCHOLARSHIP AWARD
Sponsored by:
City of Gainesville, Office of Equal Opportunity
Citizens Disability Advisory Committee (CDAC)

SCHOLARSHIP APPLICATION

1) Name ____________________________________________
    Last     First     Middle

2) Email Address ______________________________________

3) Local Address ______________________________________
    Street
    City    Zip Code     Phone Number

4) Permanent Address _________________________________
    Street
    City    Zip Code     Phone Number

5) Are you currently receiving services, programs or activities (medical, support, etc...) related to your disability? Yes No
   If yes, please list __________________________________________

***YOU MUST PROVIDE PROOF OF ENROLLMENT OR ACCEPTANCE FROM THE INSTITUTION YOU ARE/WILL BE ATTENDING.

7) In what type of post-secondary educational or vocational program are you enrolled? (check X). Please specify
   a.  ___ Classes to learn a skill______________________________
   b.  ___ A vocational or training program_____________________
   c.  ___ An Associate’s Degree or Certificate Program_________
   d.  ___ An undergraduate degree program___________________
   e.  ___ A graduate degree program________________________

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8) List most recent schools attended:

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>DATES</th>
<th>COMPLETED?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

9) Are you employed during the school year? Yes No

   a. If yes, where?

   b. How many hours per week?

10) Do you receive financial aid? (ex: FAFSA, loans, etc.) Yes No

11) What scholarships are you currently or will you be receiving?

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

12) If you are currently enrolled in an undergraduate or graduate degree program, what is your grade point average or G.P.A.? ______

FOR OFFICE USE ONLY:

   ____ VERIFICATION COMPLETED

   ____ ADDITIONAL INFORMATION NEEDED

   _____ Letter of application
   _____ Proof of disability services/program
   _____ Proof of enrollment

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