

Higher Education Academic Program Scholastic Awards 2008



The DREAM Institute's Mission

The DREAM Institute is dedicated to enriching and increasing the success of the higher educational experience of students with disabilities through a three-fold approach, which includes: academic and professional mentorship; academic assistance and scholastic awards.

Catch the DREAM at: www.dreaminstitute.org

The Scholarship

The DREAM Institute has established a scholar award for students with physical and/or learning disabilities who are pursuing a higher education degree at a state college or university (see eligibility below). The program can provide up to full tuition and fees for full time students, a \$300.00 allowance for books per semester, a \$500.00 living stipend per semester with funding for tutoring/other special services (academic assistance) if necessary during their academic career. While the program is awarded for two or four year programs, eligibility is reviewed annually. (**Note:** the amounts for books and living stipends can be more at the discretion of the HEAP Scholarship Selection Committee)

In addition, the recipient will participate in an orientation workshop designed to equip the student with the basics on what they will need to know and do as they begin their academic career in higher education. Some of the orientation curriculum will include: note taking and study skills, goal attainment, institute expectations, career and personality assessments, disclosing his/her disability, and how to use techniques in regard to transition. The DREAM Institute will match an academic mentor(s) with the recipient during their academic career who will provide educational and emotional support to the student, during their higher education experience. After the recipient has declared his/her major, the recipient will be matched with a professional mentor who has experience in the industry that the recipient is studying. The professional mentor(s) will play a vital role in career placement for the graduating recipient along with emotional support after graduation.

1. Eligibility:

- High school seniors who will be graduating in May/June of 2008 and are pursuing an associates degree or bachelors degree at a two year or four year in-state college or university are eligible OR
- Community college student that will soon be completing their associates degree program or comparable two year program and will be transitioning to a four year in-state university or college in August/September of 2008
- Applicant must be 17-21 years of age
- Verification of current enrollment in a high school (High School Seniors only) OR
- Community college transcripts and verification of acceptance into a four year in-state college or university
- Minimum 2.0 cumulative GPA on a 4.0 scale.
- Documented learning or physical disability (no preference is given based on type or severity of disability. Examples of documentation include: Individual Education Plan (IEP) and a Physician's or Psychologist's evaluation.
- The DREAM Institute does not fund private institutions or vocational institutions for this scholarship

2. **Criteria for Award:** The Higher Education Assistance Program Selection Committee will make award decisions based on the following selection criteria:

- Program of Study
- Professional/Career Goals
- Extra Curricular Activities
- Self-advocacy and self-determination strategies used during their high school experience
- Impact that program participation would have on continuing education
- Impact of disability on applicant's education goals
- Letters of Recommendation

3. **Requirements:**

The applicant is responsible for ensuring that all items are postmarked by **May 1, 2008** when submitted to the Higher Education Assistance Program Selection Committee. No exceptions.

- Completed application and Picture of Applicant
- Documentation of Learning or Physical Disability (test summaries and / or a clear diagnostic statement by an appropriate qualified professional). **IMPORTANT: multi-discipline team summary evaluation must be done by law every three years. Please include this if the student is in special education. Testing cannot be older than 3 years.**
- SAR (Student Aid Report) : This is the summary provided when you apply for FASFA
- Personal biography and mission statement (guidelines provided)
- List of extracurricular and work activities (form Provided)
- Three letters of recommendation (form Provided)
- Confirmation of GPA from semester prior to program year
 - Current high school transcript (for graduating seniors)
 - Official transcript for college or university students
 - Completed Grade Certificate (**HIGH SCHOOL STUDENTS ONLY**) (form Provided)
 - Applicant must provide an original application
 - Please no front and back copying, front only on the originals and copies
 - No staples
 - Please do not send by certified or registered mail. If you want to verify that it was delivered you may use delivery confirmation by the U.S. Postal Service.
- If the Higher Education Assistance Program Selection Committee elects to select you as a scholar award recipient, you will be required to:
 - Report within the first three weeks of school to the Disability Student Services Center to disclose disability and determine adequate services if any at that time. Establish familiarity incase services are needed at a later date
 - Sign a waiver form to allow the DREAM Institute's designated representative to visit with university/college faculty and staff about your status when necessary
 - Report to a DREAM Institute representative at least once a month and debrief on your status and submit a monthly progress report to the DREAM Institute (form will be provided in program packet once awarded scholarship)
 - Report semester grades via an official university/college transcript or report card
 - Attend the annual awards banquet in November 2008
 - Serve as a spokesperson for the Institute (Give permission to use name and likeness in promotion of your honor and/or for use in DREAM Institute promotional programs.)
 - Perform some kind of community service annually and submit a letter to the DREAM Institute on how the community service made an impact in your life
 - Become a mentor to incoming institute scholars upon graduating from your university/college
 - Attend Scholar Orientation in August 2008

INCOMPLETE applications will not be considered

Program Funds will not be distributed to the respective college or university's bursar's office without the following:

- Confirmation upon enrollment for program year from one of the following:
 - Unofficial transcripts, OR
 - Letter from academic advisor on office letterhead
- Copy of schedule with signature of appropriate academic official (e.g. registrar, academic advisor, Disability Student Services office)

Deadline: Postmarked by May 1, 2008

Applications should be sent to: The DREAM Institute
P.O. Box 52785
Tulsa, OK 74152-0785

4. Notification:

Program applicants will be notified of their award status sometime in **mid June**. If you have not been notified and have extenuating circumstances, please call the Institute and speak with one of its representatives.

5. Program Use and Disbursement

- Applicable to any in-state recognized community college and/or college university
- Payment will be paid to the bursar's office at the institution upon verification of enrollment and GPA.
- Funds may be used for educational costs (i.e. tuition, fees, books, living stipend, tutoring, etc.)

6. Questions:

Questions can be directed to the DREAM Institute at dream@dreaminstitute.org or (918) 588-3600.

All selections and decisions made by the Higher Education Assistance Program Selection Committee are final. Scholarship criteria and amounts may be subject to change without notice according to available funds and decisions of the Higher Education Assistance Program Selection Committee.

Application Form (to be completed by applicant)

I. Personal Profile of Applicant

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Cell: _____

Email: _____

Social Security Number: (for processing if awarded): _____

Date of Birth _____

II. Academic Profile

1. Year of graduation from high school: _____

2. In chronological order of attendance, list all formal education (high school, career and technology education, community college, 4-year college/university, etc. Please attach verification of current (January – May/June) academic work, and GPA. Appropriate verification includes an unofficial transcript, letter from academic advisor on office letterhead, or a copy of schedule/grade report with signature of appropriate academic official.

3. Choose one of the following three choices:

____ I am a graduating senior in high school.

____ I am currently attending at a two year postsecondary institution (Please indicate below)

Name of Institution currently attending: _____

4. Have you been admitted and plan to register at a postsecondary institution: yes/no

Name of institution you plan to attend: _____

Quarter/semester and year of admission: _____

Identify majors and minors you will be pursuing:

5. If you are a high school senior, please skip to # 6. If you are currently enrolled in a postsecondary institution and expect a change in your academic plan within the next year, please explain:

6. Describe your disability and provide a copy of documentation; i.e., Individual Education plan, Physician's or Psychologist's letter, Special Education teacher or counselor, etc.

a. Have you ever been suspended from school? ____ Yes or ____ No. If, yes, please explain.

7. Biographical and Mission Statement

Use no less than three and no more than eight (8 ½ x 11 inch) pages to answer the following topics. Please type your responses double-spaced using Times New Roman and 12 pt. font. Provide a cover sheet with your name, mailing address, phone number, and email address.

- a. Please state where you plan to attend college or where you are currently enrolled. Describe what degree plan you plan to study or are currently studying. Explain why you chose this program/degree.
- b. Describe your professional/career goals and explain how the program/degree you are studying will help you achieve those goals.
- c. Describe special services and/or accommodations received and explain the self-advocacy skills you used to acquire these services and accommodations. Also describe any personal strategies you use to accommodate for your disability.
- d. In two to three paragraphs, describe your family background and how your family has impacted your future educational plans.
- e. What has been your biggest life challenge and how did you deal with it?
- f. Describe how this program will impact your continuing education (It is important to provide a brief statement of your financial need).
- g. Describe the impact of your disability on your educational goals.
- h. Name two people that are living or that are deceased who you admire and why.
- i. If you can do any three things in life to make an impact for others, what would those three things be and why? Rank them with the first being the most important.

* Please be sure to include your signature and date on your personal statement.

8. Letters of Recommendation

- a. Provide three letters of recommendation. Use the form provided. Two letters must be from a person directly familiar with the applicant's academic endeavors. Letters should be addressed to:

The DREAM Institute
P.O. Box 52785
Tulsa, OK 74152-0785

Applications will not be considered without letters of recommendation.

Applications must be postmarked by **May 1, 2008**. Incomplete applications will not be considered. Photocopies of this Application will be accepted. Send applications to:

The DREAM Institute
P.O. Box 52785
Tulsa, OK 74152-0785

Grade Certificate Form

This section is to be completed by an advisor/counselor. Only transcripts with the fall 2007 semester information will be accepted and must be included with the application. This certification form is to be included in the complete application packet. **(FOR HIGH SCHOOL STUDENTS ONLY)**

Student's Name: _____

School Name: _____

At the close of the most recent semester, the applicant ranked _____ in a class of _____

At the close of the most recent semester, the applicant's cumulative GPA was _____ on a scale of 4.0

SAT Scores:

ACT Scores:

Verbal: _____

English: _____

Math: _____

Math: _____

Combined: _____

Reading: _____

Science Reasoning: _____

Composite: _____

Person completing this form: _____ Title: _____
(Please Print)

Signature: _____ Date: ____/____/____

Note: SAT/ACT scores **do not** weight a major deciding factor on receiving this award.

**AN OFFICIAL TRANSCRIPT INCLUDING FALL SEMESTER
2007 GRADES MUST ACCOMPANY THIS APPLICATION.**

DO NOT SEND THIS INFORMATION SEPARATELY!

Letter of Recommendation Form

To Evaluator: The below named applicant is applying for the DREAM Institute Higher Education Assistance Program Scholastic Awards. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form to the student in a sealed envelope with your signature across the seal. Using letterhead, please make recommendation describing the applicant's:

- Relationship to you (recommender) and the length of time you have been acquainted with the applicant,
- Character and how well the student understand his/her disability,
- How well does the student self-advocate for himself/herself,
- Share an experience or an event that the student used his/her abilities and potential to succeed to attain and achieve goals/task set by the student,
- And evidence of the student's strengths and weaknesses.

Letter should not exceed one page in length.

I am writing this evaluation on behalf of:

Student's Name: _____

Evaluator's Name: _____ Telephone Number: (____)____-____

Address: _____
(Street or PO Box) City State Zip

Relationship to applicant: _____ How long have you known the applicant? _____

Email: _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents and immediate family members are not eligible to write the evaluation. We ask this Letter of Recommendation be computer-prepared or hand printed.

I, _____ **certify that my essay and application are the works of**
Name of applicant

my own.

Signature _____

Date _____