Will Rogers Scholarship Application

Center for Accessible Education, A-255 Murphy Hall, (310)825-1501

Indicate how this scholarship will have a positive educational impact on your disability.
Attach price quotes for items that you are requesting.
Submit this form to the CAE main office or email completed application to tlopez@saonet.ucla.edu.

If you are not registered with the CAE, please submit documentation of your disability with this form.

1. General Information. Students must be currently enrolled and not be graduating the term an award is considered.

<table>
<thead>
<tr>
<th>Name</th>
<th>UID Number</th>
<th>GPA</th>
<th>Date</th>
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<tr>
<th>Email</th>
<th>Phone</th>
<th>Undergraduate</th>
<th>Graduate</th>
<th>Anticipated Graduation Date</th>
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Is your disability: □ Temporary □ Permanent If temporary, expected duration ____________________

2. In the space below, write about the item/service for which you are requesting the Will Rogers Scholarship, and please explain how it is directly related to your disability, medical condition and/or education.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(Attach additional information if necessary.)

3. Attach price quotes to verify costs of items/services requested.

Items/services requested: Price
__________________________________________________________________ _____________
__________________________________________________________________ _____________
__________________________________________________________________ _____________

Tax

Total Requested $___________
Please note: You are required to provide the CAE Scholarship Committee receipt(s) that requested items/services were purchased within 30 days of receiving the Will Rogers Scholarship. Failure to do so will result in a reversal of the award and a bill will be posted to your BruinBill account, which may lead to holds on your BruinBill account. Please initial here indicating that you have read and understand this requirement. _______

4. Financial Aid

- Have you filed a FAFSA for this academic year? YES NO
  If so, please attach a copy of your EFAN to this application.

- Undergraduate students: Are you meeting Satisfactory Academic Progress (SAP) requirements? YES NO

- Do you receive Department of Rehabilitation funding? YES NO

- What is your citizenship status? __________________________

- Are you currently receiving any scholarships? YES NO
  If yes, please specify: __________________________________________

Note from the Financial Aid Office: This scholarship may affect other financial aid you receive. Please report all awards to the Financial Aid Office as soon as possible. Failure to do so may cause a bill to be submitted to you.

5. Sign and submit this form to the CAE.

_____________________________________     ________________
Student Signature                         Date

Please be advised that Scholarship decisions are handled on a case by case basis.