PHILLIP PREIS MEMORIAL SCHOLARSHIP
INFORMATION

If you owe a debt on your student account for the current semester and you are in financial need, you are encouraged to apply for the OSWD Phillip Preis Memorial Scholarship Fund Scholarship. Awards are applied directly to your Gallaudet student account to help with tuition, and room and board expenses.

To be eligible for the Preis Fund Scholarship, you must:

- be deaf or hard of hearing, with a permanent, documented mobility-related disability,
- be enrolled at Gallaudet for the Spring 2018 semester when application is made,
- be a full-time or part-time undergraduate or graduate student,
- have a cumulative GPA of at least 2.5,
- demonstrate the need for financial assistance FOR the current semester, and
- show active participation in OSWD services by:
  - having at least 3 contacts with your OSWD Coordinator this academic year,
  - completing your OSWD Service Plan and/or developing your Faculty Accommodations Letter for the current semester. If you have not completed either, set-up an appointment with your Coordinator to complete these tasks.

Important notes:

- Preference will be given to candidates with mobility related disabilities resulting in continued use of a wheelchair or power chair.
- Preis scholarships can only be awarded for student debt incurred for the current semester. OSWD cannot offer scholarships for debt from prior semesters.
- First semester students that have not yet established a Gallaudet University GPA, are not eligible to apply.
- All students applying for the Preis Fund Scholarship must complete a "confidentiality release form", allowing OSWD to obtain your GPA, and financial and student accounts information.

Students who do not complete the above paperwork or meet with their coordinator will not be eligible for the Preis Fund Scholarship.
PHILLIP PREIS MEMORIAL SCHOLARSHIP
APPLICATION
Office for Students with Disabilities
Gallaudet University
Student Academic Center SAC 1220
Phone 202-651-5256    Fax 202-651-5887

(Type or print)

Current semester __________________  Year_________

Name of Applicant ________________________________________________________
    Last             First             Middle

Address or P. O. Box _________________________________________________________

Campus mail address _______________________________________________________

Gallaudet ID Number _______________________________________________________

Email address ____________________________________________________________

Type of disability _________________________________________________________

Date of Birth __________________ Age_______       Male _______     Female ________

How did you hear about the Phillip Preis Memorial Scholarship?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever applied for a Phillip Preis Memorial Scholarship before?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
Name ______________________________________

EDUCATION

List the secondary schools, colleges, training institutions, universities, etc. you have attended. List the most recent institution first. *Do not list the institution in which you are presently enrolled.*

Name of Institution ______________________________________________________

City, State, and County ___________________________________________________

Course of study _______________________ Degree or Certificate ________________

Dates of attendance from______________________  to _________________________

Name of Institution ______________________________________________________

City, State, and County ___________________________________________________

Course of study _______________________ Degree or certificate _________________

Dates of attendance from ______________________ to _________________________

List any academic awards or honors you have received. *Give name of Institution.*

________________________________________________________________________
________________________________________________________________________
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Name ________________________________

**STATUS, PRESENT COURSE OF STUDY, AND CAREER GOALS**

a. Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate/Ph.D. ___

b. State your major course of study and the degree you are pursuing

____________________________________________________________________
____________________________________________________________________

c. Why did you choose this major? ______________________________________

d. What is your career goal? ____________________________________________

e. Date of enrollment ___________ Full-time student Yes ( ) or No ( )

g. How many credits are required for the degree you are pursuing?__________

h. How many credits did you have before the current semester?______________

i. What requirements will remain after the current semester?________________

j. What is your current GPA? (cumulative) ________________________________

k. When do you plan to get your degree or certificate? Month _____ Year _____
Name __________________________

STATUS, PRESENT COURSE OF STUDY, AND CAREER GOALS CONTINUED

If a thesis or dissertation is included among the requirements that will remain for the current semester, describe the content briefly. Give title if possible. If it will include field of research, explain where and when you will do it. Include a schedule for completing the thesis or dissertation. *Do not exceed the space provided.*

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Explain your goals

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Name  ______________________________________

**FINANCIAL INFORMATION**

In the space provided, please give (1) your estimated living and study expenses for the period that would be covered by the Scholarship award, normally, the current academic semester; (2) the sources of the funds that will be available to you during that period; and (3) the estimated amounts of those funds. *If you want to add a page, label it with your name and “page 5 continued”.*

**ESTIMATED EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees</td>
<td>$__________</td>
</tr>
<tr>
<td>Housing and food</td>
<td>$__________</td>
</tr>
<tr>
<td>Books and academic supplies</td>
<td>$__________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$__________</td>
</tr>
<tr>
<td>Health insurance</td>
<td>$__________</td>
</tr>
<tr>
<td>Other (child care, loan repayments, etc.)</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$__________</td>
</tr>
</tbody>
</table>
Name ______________________________________

FINANCIAL INFORMATION CONTINUED

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>Estimated Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Such as: Loan, personal savings contributions, from family members, on-campus or off-campus employment, fellowships, grants teaching, or research assignments, etc.</em></td>
<td></td>
</tr>
</tbody>
</table>

| ___________________________ | $ ___________________________ |
| ___________________________ | $ ___________________________ |
| ___________________________ | $ ___________________________ |
| ___________________________ | $ ___________________________ |

**TOTAL** $ ___________________________

Please explain “Other” estimated expenses if the total is 10% or more of your total estimated expenses.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If your estimated expenses shown on the previous page exceed the estimated accounts available to you, please explain how you plan to make up the deficit.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Name ______________________________________

If you have applied elsewhere for a Grant, or plan to do so, please indicate the source and amount. Applications to other funding sources will not exclude you from consideration for a Preis Memorial Scholarship.

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USE OF PREIS SCHOLARSHIP AWARDS

Explain how you would spend such a Grant and over what period of time. Be specific as possible. Scholarship awards may not be used to repay loans. *Do not exceed the space provided below.*

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Community Service

Describe community service in which you have engaged for which you were *not* paid.

*List most recent first.*

**Agency or institution**

City, State, and Country

Duties of service

Description of responsibilities

**Agency or institution**

City, State, and Country

Duties of service

Description of responsibilities
Name ____________________________________________

ESSAY (All students must complete the essay)

To assist the Selection Panel in coming to know you better as a person, write an essay introducing yourself.

   Where did you grow up? In a city? In a rural area?

   Was access to schooling difficult for you or easy?

   Who were some of the persons who were influential in your life?

   What are your interests other than academic interests?

   Any other important information may be added.

   Please limit your essay to the space below and one additional page.

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P h i l l i p  P r e i s  M e m o r i a l  S c h o l a r s h i p ,  1 0 | P a g e