

Tucson Arthritis Support League (TASL) Student Scholarship
Application Instructions

Eligibility:

Students with arthritis enrolled in, or formally accepted to, any Arizona University or community college. All applicants must be Arizona residents.

Application Process:

Submit the following as a complete package:

1. Application form (attached).
2. Three current letters of recommendations from individuals with knowledge of your academic work.
3. College or high school transcripts
4. A letter of acceptance from the college or university in which you are enrolled or enrolling.
5. Personal statement outlining: information about your disability and financial situation
 - The impact of your disability on your academic work and life
 - The reasons that you are seeking financial assistance

Other items you might consider including in your statement:

- Career goals
- Specifically how you will use the scholarship funds, if you are awarded
- Volunteer, community, or school service
- Any other information you would like the committee to consider when reviewing your application.

The statement must be:

- No more than 2 pages in length
- Typewritten: double-spaced

All documents become the property of the TASL Scholarship Award Committee. The Committee reserves the right to contact the references and the post-secondary institution for verification of all information.

Scholarship application materials should be submitted to:

TASL Scholarship
c/o Carol Funckes
Disability Resource Center
University of Arizona
1224 E. Lowell St.
Tucson, Arizona 85721

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**Tucson Arthritis Support League (TASL)
Scholarship Application**

General Information:

Name: _____ Date: _____

Present Phone: _(_____) _____ Permanent Phone: _(_____) _____

Present Address: _____

Permanent Address: _____

Place of Birth: _____ Marital Status: _____ Number of Dependents: _____
(City, State)

Current Class Status (circle one) : HS student FR SO JR SR GRAD Unclassified

Educational Information:

High School: Name of School: _____

Location of School: _____

Date of Graduation: _____ Class Rank: _____

If applicant is a HS senior,

- Which academic program have you been accepted into? _____
- Circle one: Full-time Part-time
- Planned completion date: _____

College: List all colleges attended:

Name of School	City, State	Years attended	Degree Received?

Financial Information

1. Please describe your expected educational expenses: _____

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2. Itemize your **disability-related expenses** (medication, wheelchair, tutoring, attendant care, equipment, etc.) **NOT** covered by other sources (such as Vocational Rehabilitation, ALTCS, ICA, VA, etc.) Use the back of this form if you need more space.

Type of expense	Cost/ Semester
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. What other financial assistance have you applied for? Indicate the status of those applications.

Funding Possibilities/Scholarship Applications:	Status of application:
_____	_____
_____	_____
_____	_____

4. What sources of financial assistance will you draw on to support your education?

Source (i.e., parents, etc.):	Amount expected:
_____	_____
_____	_____
_____	_____

Supplemental Information:

1. Itemize any honors, awards or nominations for awards that you have received: _____

2. List any organizational affiliations or extracurricular activities you are involved in: _____

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