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Higher Education Scholarship Opportunity

RRCI is a 501(c)3 non-profit organization. Our mission is to empower people with disabilities in Southwestern Utah to live independently through education, personalized services and technology. RRCI provides services in nine Utah counties – Beaver, Garfield, Iron, Kane, Millard, Piute, Sevier, Washington and Wayne.

To further our mission, RRCI has established a scholarship fund to assist a limited number of students with disabilities to continue their education after high school. Successful applicants may be granted a scholarship of up to $500, subject to the following:

* The student must be attending an approved institution located in the RRCI nine county service area (see attached list),
* The student must reside in the RRCI nine county service area, and
* The student has achieved a 2.0 GPA or higher from the prior college semester

Email the attached application (with attachments) to rrci@rrci.org., or mail to RRCI, 168 N 100 E #101, St. George, UT 84770, Attention Executive Director

APPLICATION DEADLINE IS MAY 31st



#  SCHOLARSHIP APPLICATION

#  SUBMIT BY MAY 31st FOR UPCOMING SCHOOL YEAR.

Red Rock Center for Independence

Attention: Executive Director

168 N 100 E #101

St. George, UT 84770

Scholarship Application Form must be accompanied by: a copy of transcripts, letter of support from your advisor, professor or employer, and letter of disability confirmation from the Student Disability Resource Center

PLEASE TYPE OR PRINT LEGIBLY WITH PEN               Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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                      Number                   Street                                                                       Phone No.

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            City                          State        Zip County Email Address

Which recognized, regionally accredited applied technology, community or state college or university have you applied to attend?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is your advisor at that institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many total units/hours will you have completed by the end of this semester?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many units/hours will you enroll in for next semester?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or university major or program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                (List exact name of major/program; refer to college catalog.)

Do you plan to receive an A.A Degree\_\_\_\_\_, A.S. Degree \_\_\_\_\_, B.A. Degree\_\_\_\_\_, B.S. Degree \_\_\_\_\_, Certification (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

or other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to transfer?   (    ) Yes  (    ) No     If yes, when \_\_\_\_\_\_,  Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School graduated from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School or College Activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Awards, Honors, and Other Achievements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hobbies & Interest

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why I deserve this scholarship (include goals for your future plans):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments: Any additional information that you feel is important to the review committee.

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Applicant’s Information Release and Statement: I authorize the release of the following information for review by all members of the Scholarship Selection Committee: copy of Scholarship Application Form, transcript, and letter of recommendation. This information will be kept confidential. I understand that it is my responsibility to report any scholarship(s) that exceed college costs as earned income on my Federal income tax return.

Applicant’s Statement: I hereby certify that information submitted herein is true and correct to the best of my knowledge. The information will be kept confidential.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incomplete applications cannot be considered.** Please attach:

* Scholarship Application Form (Please use additional paper to respond to questions, if needed.)
* Transcript
* Letter(s) of recommendation
* Verification of disability from attending college or university
* Media Release Form



Release Form for Media

I, the undersigned, grant permission to the RRCI and/or its affiliates to use my name, picture and/or likeness in any manner and in any media, including the Foundation’s website and/or Facebook either alone or accompanied by other material.

(To the extent that I intend to in any way limit this grant of permission to any particular use of my name, picture and/or likeness, such limitation has been set forth below on the lines at the bottom of this release.)

I agree that I will not hold the RRCI and/or its affiliates, singly or collectively, responsible for any liability resulting from the use of my name, picture and/or likeness in the manner described above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. ( )

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limitations (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Approved Institutions**

**Washington County**

Utah Tech University

Dixie Applied Technology College

Rocky Vista University

**Iron County**

Southern Utah University

Southwest Applied Technology College

**Sevier County**

Snow College

**Kane County**

Southwest Applied Technology Center

**Also**, Utah State University locations in the following Counties:

**Beaver, Garfield, Iron, Kane, Millard, Piute, Sevier, Washington and Wayne**