2015-2016 CSU Systemwide Scholarship Opportunities

Dale M. Schoettler Scholarship for Visually Impaired Students

Complete application packets are due to the Financial Aid and Scholarships Office by April 17, 2015

Scholarship Eligibility requires the following:
- Minimum 2.8 GPA
- Financial need as determined by the completion of the 2015-16 FAFSA application
- Part-Time enrollment as an undergraduate (6 units or more) or as a graduate student (5 units or more) for the fall 2015 and spring 2016 semesters at Cal State San Marcos
- Verification from a physician that applicant is legally blind

Application Packet requires the following:
- Applicant Information Form (attached)
- A brief Personal Statement describing your background, personal achievements, challenges you have encountered, educational pursuit, goals and your aspirations for the future
- Physician’s verification of legal blindness

Complete application packets are due to the Financial Aid and Scholarships Office by April 17, 2015
DALE M. SCHOETTLER SCHOLARSHIP
FOR VISUALLY IMPAIRED STUDENTS

The Dale M. Schoettler Scholarship for Visually Impaired Students was established in 1991 by Mr. Schoettler, who was a successful businessman from Mountain View, California and blind the last eight years of his life.

Forty (40) scholarships of $8,500 each will be awarded for the 2015-2016 academic year.

- Applicants must currently have a minimum cumulative GPA of 2.8 on a 4.0 scale and must maintain a minimum GPA of 2.8 on a 4.0 scale during the academic year in which the award is received.
- Applicants must be currently enrolled in 6.1 units or more as a CSU undergraduate or graduate student in any major field and must remain enrolled in 6.1 units or more during the academic year in which the award is received.
- Applicants must have a visual disability and provide verification from a medical health professional, which includes the best corrected visual acuity notations. (Please note that the disability must be such that it impedes the educational process and necessitates accommodations, support services, or programs.)

Applications are available through the campus Financial Aid Office.

Financial Aid Offices should provide information about the availability of this scholarship to the Disabled Student Services Office. Each campus may nominate as many candidates as they would like for consideration for the scholarships. Students who have previously been nominated and/or awarded the Schoettler scholarship may continue to apply each year they meet the qualifications.

Completed applications submitted by the campus Financial Aid Office to the CSU Foundation must include the following:

- Scholarship Applicant Information form
- Calculation of Unmet Financial Need (to be completed by Financial Aid)
- Calculation of Grade Point Average (to be completed by Financial Aid)
- Medical health professional’s verification of visual disability, which includes the best corrected visual acuity notations using the “Confirmation of Visual Disability” form
- A brief Personal Statement describing their background, personal achievements, challenges they have encountered, educational pursuits and goals and aspirations for the future
- A completed Application Checklist

Applications are accepted on a year round basis.

All applications need to be completely filled out. Do not leave any line blank. If there is no information to provide, "N/A" should be used.

Each item submitted with the application packet (i.e. "Academic Profile," "Personal Statement," "Biography," etc) should be clearly labeled.
CALIFORNIA STATE UNIVERSITY, SAN MARCOS
CSU SYSTEMWIDE SCHOLARSHIPS FOR 2015-2016

APPLICANT INFORMATION
(Please type or print carefully in capital letters)

SCHOLARSHIP TITLE: ____________________________________________

Name: _________________________________________________________
Student Identification Number: ________________________________

Current Address: ____________________________________________

City: ___________________________ State: _________ Zip: __________

Permanent Address: __________________________________________

City: ___________________________ State: _________ Zip: __________

Preferred Mailing Address:  □ Current  □ Permanent

Telephone Number: ___________________________ Alt. Telephone Number: ____________

E-mail Address: ____________________________________________

Campus you are attending in 2015-2016: __________________________

Number of class units you anticipate taking:
first quarter/semester: _____ second quarter/semester: _____ third quarter: _____ summer session: _____

Major: ________________________________ Anticipated Graduation Date: ____________

Graduate Student GPA: _______ Undergraduate Student GPA: _____ Cumulative GPA: _______

ACCEPTANCE OF SCHOLARSHIP TERMS

I agree to adhere to all scholarship terms and guidelines as set forth by the California State University Foundation in the 2015-2016 scholarship criterion which includes the requirement that I remain a student in good standing during the entire academic year.

I further agree to repay any scholarship funds as requested by the California State University Foundation on behalf of the scholarship fund donor in the event that I am unable to fulfill my academic commitment for any reason and to notify the Foundation in writing.

I further agree to have my name and personal achievements publicized in recognition of receiving a prestigious systemwide scholarship.

Scholarship Applicant

_____________________________________________ ________________________________
Signature Date

For Financial Aid Office Completion:

Unmet Financial Need: ___________________________ Cumulative GPA Verification: __________

Printed Name/Title: ___________________________ / ___________________________ Signature: __________

Financial Aid Office Contact Number: (_____) ___________ - ___________
CONFIRMATION OF VISUAL DISABILITY
For the California State University Foundation

A **disability** shall mean a physical or mental impairment of an individual that **limits one or more** of the major life activities and requires either a record of such an impairment, or documentation of having been regarded as having such an impairment.

**Visual limitation:** Blindness or partial sight to the degree that it **impedes the educational process** and necessitates accommodations, support services, or programs.

**Consumer/Client/Patient:**

Name: ________________________ Date of Birth: ________________

Address: ________________________

Best Corrected vision: OD (right eye) __________ OS (left eye) __________

OU (both eyes) __________

Visual Field (in degrees): ________________________

Specific eye condition(s): ________________________

**Certifying Authority:**

I certify that ________________________ has a visual disability as specified above.

(Signed) ________________________ (Date) ________________

(Title) ________________________

Print/type your name, profession, and address here: