

**2012-2013 TN-AHEAD  
2-YEAR SCHOLARSHIP APPLICATION**

**SCHOLARSHIP REQUIREMENTS**

1. Must be a resident of Tennessee and registered with the institution's disability services office.
2. Must have completed a minimum of 15 hours of college credit at the time of application.
3. Must be enrolled at a two-year institution during the award period for a minimum of nine (9) credit hours.
4. Must be currently enrolled for a minimum of nine (9) credit hours.
5. Minimum of 2.5 (on a 4.0 scale) collegiate GPA and be in good standing.
6. Provide two (2) letters of recommendation with at least one (1) from a faculty member.
7. Nomination by a TN-AHEAD member.
8. Entire application must be completed, including certification from the Disability Services Provider as well as the required essay.

**Application Deadline: March 15, 2012**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Name) (City) (State) (Zip)

Phone Number ( ) \_\_\_\_\_ What is your major? \_\_\_\_\_

College Enrolled: \_\_\_\_\_  
( School) (City)

Disability and community related activities, achievements, clubs, etc., including leadership positions:

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

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**ALL STUDENTS PLEASE COMPLETE THE FOLLOWING:**

**Write an essay about how you have used self-advocacy skills to shine a light on your abilities, and how you believe these skills will help you in life after college. (Attach separate sheet.)**

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**RETURN COMPLETED APPLICATION TO:**

Sonya Hood  
Director Disability and Testing Services  
Motlow State Community College  
P.O Box 8500  
Lynchburg, TN 37352

Questions can be directed to: Sonya Hood at [shood@mscc.edu](mailto:shood@mscc.edu).

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**To be completed by the Institution's Disability Service Provider:**

*By completing the following section, you are certifying this applicant's nomination and registration with the institution's Office of Disability Services.*

**Number of College Credit Hours Completed:** \_\_\_\_\_ **Number of Enrolled Hours:** \_\_\_\_\_  
**Standing:** Good \_\_\_\_\_ Probation \_\_\_\_\_ **GPA** \_\_\_\_\_

**Disability Service Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*This is a \$1,000.00, one (1) year non-renewable scholarship awarded two semesters, \$500.00 ea.**

**\*Scholarship recipient will be announced at the TN-AHEAD conference April 12, 2012.**