Center for Students with Disabilities

Beyond Access Scholarship Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Information | | | | |
| Name: | | | | |
| Date of birth: | PeopleSoft ID: | | Phone: | |
| Current address: | | | | |
| City: | | State: | | ZIP Code: |
| Email address: | |  | |  |
| Preferred BA Track: | |  | |  |
| Educational Information | | | | |
| Current class standing (ex. freshman, sophomore, etc) : | | | | |
| Current major: | | | | |
| Campus(es) you are taking classes at: | | | | |
| Disability Information | | | | |
| Disability : | | | | |
| How does your disability impact your living and learning? (ex. difficulty concentrating) : | | | | |
|  | | | | |
| I authorize the CSD to verify my current class standing as well as my financial aid package and acknowledge that I have received a copy of this application. | | | | |
| Signature of applicant: | | | Date: | |
| Signature of co-applicant: | | | Date: | |

Please attach an essay addressing the following:

1. Your academic and/or personal goals and how participating in Beyond Access will help you to reach them.
2. Why you would be unable to participate in Beyond Access without the aid of this scholarship.

Send completed applications and essay to:

Beyond Access Scholarship Committee

[csdbeyondaccess@uconn.edu](mailto:csdbeyondaccess@uconn.edu)