**Steve Shivers-Alabama Rehabilitation Association**

**Scholarship Program**

Implemented: 2006

**Purpose:**

The purpose of the Steve Shivers-Alabama Rehabilitation Association (ARA) scholarship program is to provide recognition by offering scholarship assistance to an individual with a disability who demonstrates outstanding academic achievement, community involvement and school participation. In administration of the program, the scholarship committee will consider all applicants.

**Award Amount:** A scholarship will be awarded annually in the amount of $1,000, plus student membership in ARA for one year. The scholarship will cover school-related expenses (meals, transportation, supplies, etc.). The Steve Shivers-ARA Scholarship will be awarded annually, prior to Fall Semester.

**Eligibility Criteria:**

* the candidate must be a person with a disability
* the candidate must be a resident of Alabama
* the candidate must have completed at least one year of a

post-secondary educational program and will continue

their enrollment fall semester

* the candidate must provide their **most recent transcript** and a completed ARA scholarship application
* **The application must be received by the committee chair**

**no later than June 30**

**Application Process:**

* Complete application
* Forward completed scholarship application **AND TRANSCRIPT** to:

**Beverly Peters**, Scholarship Committee Chair

ADRS

PO Box 2388

Muscle Shoals, AL 35662-2388 or

(256) 389-3149 fax or

beverly.peters@rehab.alabama.gov

**Judging Committee Membership:**

Committee chair and committee members.

**Notification:**

Only the winner will be contacted.

**Payment:**

Payment will be made directly to the recipient.

**Publicity:**

Scholarship winner agrees to publication of photograph and bio.

**Official Entry Form**

Steve Shivers - Alabama Rehabilitation Association Scholarship

Completed application due June 30, 2020

***Note:*** Please type or print legibly all responses to the following questions.

**\*\*Scholarship winner agrees to ARA’s right to publicize photographs and articles regarding the winner.**

Nominee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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

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**Definition of disability: A physical or mental impairment that substantially limits one or more major life activities of an individual.**

Describe nominee’s disability: (Include functional limitations, how and when acquired, etc.).

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How has the student demonstrated his/her ability to overcome the barriers imposed by society? Please provide specific examples.

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Discuss difficulties nominee encountered in working to surmount his/her disability.

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Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: Please list all institutions attended and dates attended.

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Explain how nominee has overcome barriers in the educational environment, if any.

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How has the student excelled in school?

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List nominee’s extracurricular activities:

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How has the student demonstrated leadership and involvement in his/her community? Please be specific.

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How has the student demonstrated a commitment to advocacy for persons with disabilities? Please provide specific examples.

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## Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_