



SAS Scholarship Application

Checklist of Required Materials

I have completed and/or enclosed the following:

- 1. Completed Scholarship application form
- 2. Personal statement
- 3. Proof of Palm Beach Residency (only for Huntington Scholarship Applicants)
- 4. An unofficial transcript
- 5. **Two** letters of recommendation (addressing my academic success/potential and personal attributes)
- 6. I have completed my FAFSA

The applicant must submit all of the preceding documents by May 1, 2024 or the scholarship application will not be processed. Incomplete applications will not be accepted.

FLORIDA ATLANTIC UNIVERSITY

Student Accessibility Services

SCHOLARSHIP INFORMATION

This application and all requested information and documents must be returned to Student Accessibility Services, no later than May 1, 2024. Scholarship applicants will be notified of the committee's decision by the first week of August.

Available SAS Scholarships

**This application is used for both scholarships listed below.
Please check all that you wish to apply for:**

- Damon Anthony Bettendorf Scholarship (student who is legally blind; 2.5 GPA)

- *Sterling H. Huntington, M.D. and Laura Huntington Scholarship (PB County resident; physical disability; undergraduate and graduate students)



Please print or type:

NAME: _____ DATE: _____
(Last) (First) (M.I.)

Z Number: _____ PHONE: (____) _____

ARE YOU A RESIDENT OF PALM BEACH COUNTY? YES _____ NO _____

ADDRESS: _____

(City) (State) (Zip Code)

CURRENT ACADEMIC LEVEL:

Freshman _____ Sophomore _____ Junior _____ Senior _____
Second Bachelors _____ Graduate _____

EXPECTED DATE OF COLLEGE GRADUATION (Semester/Year): _____

CUMULATIVE GPA: _____

MAJOR: _____

OTHER COLLEGE(S) ATTENDED: _____

**I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.
By submitting this application, I authorize the Office of Student Financial Aid to release information pertaining to my financial aid eligibility to the FAU Foundation for the purposes of determining my scholarship eligibility.**

Applicant's Signature

Date

1. STATEMENT OF FINANCIAL NEED (Describe your financial situation, means of support, unusual circumstances, and additional expenses you incur as a result of your disability):

2. LIST OTHER RESOURCES (scholarships, grants, loans, etc):

3. DESCRIBE HOW YOUR DISABILITY AFFECTS YOU IN YOUR DAILY LIFE AND IN YOUR ACADEMIC PURSUITS:

4. DESCRIBE SERVICE ACTIVITIES TO THE UNIVERSITY OR COMMUNITY:

5. PERSONAL STATEMENT (Describe your achievements, activities, and career goals):