

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.

Thirty-six (36) scholarships of \$10,000 each will be awarded for the 2018-2019 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.
- 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.
- 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
- 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.

CSU SYSTEMWIDE SCHOLARSHIPS

APPLICATION CHECKLIST

(Please make sure that all items are completed and verified before the application packet is submitted to the CSU Foundation)

DALE M. SCHOETTLER SCHOLARSHIP FOR VISUALLY IMPAIRED STUDENTS

Application Item	Completed	Verified by (Initial)	
		<i>Where indicated, either Financial Aid or the Scholarship Coordinator can verify completion</i>	
Applicant Information Form	<input type="checkbox"/>	Financial Aid Scholarship Coordinator	_____
Medical Health Professional's Verification	<input type="checkbox"/>	Financial Aid Scholarship Coordinator	_____
Personal Statement (see Fact Sheet for details)	<input type="checkbox"/>	Financial Aid Scholarship Coordinator	_____

Each application and checklist must be attached as one PDF and e-mailed to the campus Financial Aid Department.

Please do not send physical files.

Contact the Financial Aid Department for the **Spring Application Deadline**.

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.

CSU SYSTEMWIDE SCHOLARSHIPS FOR 2018-2019

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: _____

CSU Campus currently enrolled in: _____

Number of class units you anticipate taking:

first quarter/semester: _____ *second quarter/semester:* _____ *third quarter:* _____ *summer session:* _____

Major: _____ **STEM Major?** **Yes** **No**

Anticipated Graduation Date: _____

Graduate Student GPA: _____ **Undergraduate Student GPA:** _____ **Cumulative GPA:** _____

US Military Veteran: **Yes** **No** **Currently Serving**

Are you receiving any private scholarships? **Yes** **No**

ACCEPTANCE OF SCHOLARSHIP TERMS

- By submitting this application, I certify that the information is complete and accurate. I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate. I understand that I must meet all award requirements at the time funds are distributed to me. I authorize the CSU to share my application with reviewers to complete the selection process. In the event that I am selected, I further authorize the CSU to publicize my selection and conduct research related to my future employment. I agree to adhere to all scholarship terms and guidelines as set forth by the California State University Foundation in the 2018- 2019 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.

Date

**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: