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-seven (37) scholarships of $10,000 each will be awarded for the 2019-2020 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

<table>
<thead>
<tr>
<th>Application Item</th>
<th>Completed</th>
<th>Verified by (Initial)</th>
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<tbody>
<tr>
<td>Applicant Information Form</td>
<td>☐</td>
<td>Financial Aid</td>
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<td>Scholarship Coordinator</td>
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<tr>
<td>Medical Health Professional’s Verification</td>
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<td>Financial Aid</td>
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<td>Scholarship Coordinator</td>
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<tr>
<td>Personal Statement (see Fact Sheet for details)</td>
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<td>Financial Aid</td>
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<td>Scholarship Coordinator</td>
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Where indicated, either Financial Aid or the Scholarship Coordinator can verify completion.

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.
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:
CSU SYSTEMWIDE SCHOLARSHIPS FOR 2019-2020

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 in academic year 2019-2020:
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