



Rick Dudley Scholarship Fund For Graduate Students with Disabilities

APPLICATION

(Fall Deadline: June 15th, Spring Deadline: November 15th)

Requirements: The Rick Dudley Scholarship is intended to assist individuals with "severe and substantial disabilities" in pursuing a graduate degree at SU is intended solely for students who meet any of the following criteria for severe and substantial disability:

- Persons who have a permanent disability which results in the inability to ambulate without the use of a wheelchair, cane, crutches, or a walker; or
- Persons who have a diagnosis of Cerebral Palsy which substantially affects balance, gait, and walking endurance in the absence of such mobility aids; or
- Persons who are legally blind with glasses; or
- Persons who cannot understand normal speech without amplification and are considered profoundly deaf; or
- Persons whose speech cannot be understood by the average person; or
- Persons who need personal assistance with activities of daily living.

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street No.) (City) (State) (Zip)

Home Telephone: _____ Cell Phone: _____

SU ID: _____

Undergraduate Institution: _____

Degree: _____

ELIGIBILITY:

Scholarship recipients must maintain continued admission status, that is be enrolled in at least one class each of the fall and spring semesters, throughout their graduate education. The scholarship will be rescinded if the student falls below minimum graduate program requirements for maintenance of satisfactory status. "Provisional admission" in the M.B.A. and M.S.W. programs does not meet this scholarship criterion. A graduate student on probation will not be awarded a scholarship.

AMOUNT OF SCHOLARSHIP:

Full-time Graduate Students: Any eligible graduate student enrolled in and successfully completing seven or more credit hours per semester may receive up to \$5,000 per academic year up to three years.

Part-time Graduate Students: Any eligible graduate student enrolled in and successfully completing four to six credit hours per semester may receive up to \$3,000 per academic year up to four years.

Any eligible graduate student enrolled in and successfully completing three or fewer credit hours per semester may receive up to \$1,500 per academic year up to four years.

A student may receive both a Graduate Assistantship and a Rick Dudley Scholarship, providing the criterion for both is met, but will receive an award of only \$3000.

I am currently enrolled in the _____ Graduate Program at SU

Graduate Program Director: _____

Graduate Program Signature: _____

_____ I am a full-time graduate student

_____ I am a part-time graduate student taking _____ credit hours.

_____ I intend to apply for/am currently receiving a graduate assistantship.

Title of Assistantship: _____

Applicant's Signature: _____ Date: _____

Please attach the following documents to this application:

- A statement that discusses what you intend to do with your graduate degree and your life goals.
- The completed Medical Opinion form for Eligibility for the Rick Dudley Scholarship.

Application information should be sent to:

**Jessica Scott
Graduate Program Manager
Graduate School at Salisbury University
1101 Camden Avenue Salisbury,
Maryland 21801**

If you require further information, please contact Jessica Scott at jlscott@salisbury.edu.



MEDICAL OPINION FOR ELIGIBILITY RICK DUDLEY SCHOLARSHIP

(Must be completed by a licensed medical doctor in order for applicant to be considered qualified to receive a Rick Dudley Scholarship at Salisbury University)

I am aware that _____ ("My Patient") has applied for a Rick Dudley Scholarship at Salisbury University ("SU"). I have also been informed that the intent of the scholarship is to assist individuals with "severe and substantial disabilities" in pursuing a graduate degree at SU and that the scholarship is intended solely for students who meet any of the following criteria for severe and substantial disability:

- _____ A. Persons who have a permanent disability which results in the inability to ambulate without the use of a wheelchair, cane, crutches, or a walker; or
- _____ B. Persons who have a diagnosis of Cerebral Palsy which substantially affects balance, gait, and walking endurance in the absence of such mobility aids; or
- _____ C. Persons who are legally blind with glasses; or
- _____ D. Persons who cannot understand normal speech without amplification and are considered profoundly deaf; or
- _____ E. Persons whose speech cannot be understood by the average person; or
- _____ F. Persons who need personal assistance with activities of daily living.

My Patient has signed below to consent to my disclosure of information stated herein for the sole and exclusive purpose of providing my professional medical opinion regarding whether My Patient meets the aforesaid criteria for eligibility for the Rick Dudley Scholarship.

I have personally examined and have put my initials next to each statement listed above that fairly and accurately applies to My Patient. The following is a brief description of My Patient's relevant medical condition:

Physician (Print): _____

Specialty: _____

Address: _____

Telephone: _____

Signature

Date

I hereby authorize _____ to provide the information requested in this document for the sole purpose of establishing whether I meet the requirements for eligibility for the Rick Dudley Scholarship at SU.

Applicant (Print): _____

DOB: _____

Signature

Date