

## Izzo-Inge Family Award for Students with Disabilities

Dear Student:

Thank you for your interest in the **Izzo-Inge Family Award for Students with Disabilities**. Attached you will find the necessary application materials.

Eligible candidates should be incoming juniors or seniors who are full-time (minimum of 12 hours/semester) degree-seeking students at Northern Illinois University. Candidates must possess a grade point average of at least 2.5/4.0 and demonstrate a significant disability that affects the cognitive process. Qualified disabilities include learning disability, traumatic brain injury, Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD), deafness or hard of hearing, visual impairment, or other disabilities that affect the cognitive process. *Preference* will be given to students who exhibit financial need (as determined by the NIU Financial Aid Office; financial need will be verified) and plan to teach special education. *If an applicant is not eligible for financial aid or does not plan to teach special education, he/she is still encouraged to apply if all other criteria are satisfied.*

The following must be completed for you to be considered for this award:

- 1. Application form.**
- 2. Essay/Personal Statement.** Applicants must provide a personal statement. The essay should include a description of the applicant's academic and career goals, as well as how the students view their disabilities. Students should also explain how this award would benefit them financially.
- 3. Transcripts.** Applicants must provide copies of transcripts from any and all colleges and universities attended (transcripts need not be "Official Transcripts").

**All of the required materials must be submitted together.** Individual pieces will not be accepted. Students should compile all necessary components and submit them at one time.

Applicants must also provide documentation of their disabilities. If a student is registered with the NIU Center for Access-Ability Resources (CAAR), he/she must sign the attached information release form; the CAAR office will then be contacted for verification. If a student has chosen not to register with CAAR or partake in CAAR's services in the past, he/she should obtain current written medical and/or psychoeducational documentation and send it to CAAR with the attached cover sheet. This information will be maintained confidentially and used for the Izzo-Inge Scholarship process only. Submitting documentation to CAAR for this scholarship in no way registers a student with CAAR or obligates students to partake in CAAR's services.

The Izzo-Inge Family Award for Students with Disabilities covers up to the cost of tuition, fees, and books. Awards are directly deposited to the students' bursar accounts for the 2007-2008 academic year.

This scholarship is renewable for one additional year provided that the student maintains the stated eligibility requirements and remains in good standing with the university.

**It is the responsibility of the applicant to ensure that all materials are submitted no later than April 1, 2007.** This postmark deadline date will be strictly enforced. Recipient(s) will be announced by the end of spring semester.

Applicants must complete the following Verification Form and submit it to CAAR in order to be considered for the scholarship. Failure to submit the form will result in an incomplete application.

(Please detach the lower portion and return to the CAAR office)

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### **The Izzo-Inge Family Award for Students with Disabilities**

**Attention Nancy Kasinski:**

I, \_\_\_\_\_,  
(PLEASE PRINT NAME)

have applied for the Izzo-Inge Family Award for Students with Disabilities.

Please check one:

- I am not registered with CAAR. As such, I have attached current medical and/or psychoeducational documentation to be used for consideration of the Izzo-Inge Family Award for Students with Disabilities. I understand that the submission of this documentation does **not** register me with CAAR, nor does it obligate me to partake in any of CAAR's services.
  
- I am registered with CAAR. I grant CAAR permission to release information for consideration of the Izzo-Inge Family Award for Students with Disabilities.

I understand that the submission of this information pertains to the scholarship process only and will be maintained confidentially.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this form and any necessary medical and/or psychoeducational documentation by April 1, 2007, to:**

**Center for Access-Ability Resources (CAAR)  
University Health Service, 4<sup>th</sup> Floor  
Northern Illinois University  
DeKalb, IL 60115  
Phone and TDD: 815-753-1303**



**EXTRACURRICULAR ACTIVITIES** (List activities/organizations in which you have participated. Indicate positions of leadership.)

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**LIST SPECIAL ACTIVITIES OR HONORS RECEIVED**

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**LIST ANY HOBBIES AND SPECIAL INTERESTS**

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I hereby certify that the information provided in this application packet is to the best of my knowledge, true, and correct. I have not knowingly withheld any facts that could otherwise jeopardize consideration of the application. I understand that my academic, judicial, financial, and any other pertinent records will be verified by the appropriate school and university offices. I further understand that my medical/psychoeducational documentation will be verified. Additionally, I grant permission to the Izzo-Inge Family Award Committee to contact the NIU Office of Student Financial Aid to learn whether or not I have applied for and/or will be receiving financial aid for the 2007-2008 academic year.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Applications must be postmarked by APRIL 1, 2007, and sent to:**

Office of the Dean  
Attn: Dean Shirley Richmond  
College of Health and Human Sciences  
Northern Illinois University  
DeKalb, IL 60115

**Please be certain to fill out the medical and/or psychoeducational documentation verification form and return it to CAAR by April 1, 2007.**