

2016
OLIVER H. M. JORDAN
SCHOLARSHIPS FOR STUDENTS WITH DISABILITIES
Sponsored by
Mayor's Commission on People with Disabilities

The Mayor's Commission on People with Disabilities of Philadelphia works to ensure that the disability community has a voice in City Government and receives equity in City services. Other goals include the elimination of all types of barriers (attitudinal, architectural, communication and programmatic), combating prejudice, discrimination, and promoting disability awareness. The Commission believes all people have the right to equal access to opportunity.

The Scholarship Fund for Students with Disabilities was established by the Mayor's Commission to provide financial assistance to students who are pursuing post-secondary education or training. Students attending (or planning to attend) an undergraduate, graduate, technical, or vocational program will be considered for the scholarships.

Eligibility Requirements

1. Applicant must be a Philadelphia resident.
2. Applicant must have a high school diploma or equivalent degree.
3. Applicant must have a disability, as defined by the Rehab Act/ADA.
4. Applicant must be pursuing undergraduate, vocational, technical or graduate education.
5. Application must be accompanied by two letters of recommendation (one of which must be from school personnel) and most recent transcript.
6. Proof of application and/or acceptance from the post-secondary institution.

The following criteria will also be used to select recipients:

Completed application
Academic progress/achievement
Demonstrated commitment to disability awareness
Priority given to full-time students

**MAYOR'S COMMISSION ON PEOPLE WITH DISABILITIES
2016 Scholarships for Students with Disabilities**

APPLICATION

To the Applicant: Please complete the application form below. In addition to this form, submit transcripts from the school you are currently attending or other programs you most recently attended, and two letters of recommendation. At least one of these letters must be from an educator familiar with your work.

Name: _____

Address: _____

_____ Zip _____

Telephone (including best time to call): _____

Email Address: _____

Social Security Number:

_(last 4 numbers only)_xxx-xx-_____

High School attended and date of graduation:

Are you currently attending a post-secondary institution? Which?

Post-secondary Institution you plan to attend (if different from above):

How did you learn about this scholarship?

I will use the scholarship award for: (check one)

____ Undergraduate, technical, or other training program

_____ Graduate school program

Please answer all of the following question and attach your answers to this form: (Limit your answers to no less than one paragraph and no more than one page per question)

1. What are your future goals and plans?
2. How has your disability impacted the pursuit of your academic goals?
3. How have you overcome the challenges with which you have been presented by your special needs? (Please be specific)
4. We are pleased you are pursuing further education to better your own opportunities. In what ways will you contribute to broadening opportunities for people with disabilities?
5. How do you plan to use the scholarship money?
6. What else would you like us to know about you?

In addition, after the questions are answered according to the above directions. Please summarize all of your answers into a one page essay.

Incomplete applications will not be considered.

- _____ Completed application
- _____ Responses to questions and essay
- _____ Transcripts
- _____ Two letters of reference
- _____ Proof of acceptance or attendance at postsecondary institution

Please submit your completed application to:

**Charles W. Horton Jr., Executive Director
Mayor's Commission on People with Disabilities
1401 JFK Boulevard, Rm. 900 MSB, Philadelphia, PA 19102
215-686-2798 Voice
215 686-4555 Fax**

[2016 Oliver HM Jordan Scholarship for Students with Disabilities.docx](#)

Deadline for receipt of applications is September 23, 2016