APPLICATION FOR THE CRAIG H. NEILSEN FOUNDATION

SCHOLARSHIP 2024

\*\*DEADLINE IS MARCH 25, 2024 AT 5 PM\*\*

The Craig H. Neilsen Foundation Scholarship is available to all eligible students with a Spinal Cord Injury (SCI) who attend or plan to attend as an undergraduate or graduate student. The scholarship can potentially provide funding for full in-state and out-of-state tuition and fees to support students with SCI for the duration of their degree program. In addition, supplemental support funds are also available and can include (but is not limited to) transportation, childcare, personal care attendant services, adaptive equipment, books and/or assistive technology.

The total amount awarded varies by student.

To apply, complete the application below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a diagnosed Spinal Cord Injury? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your Spinal Cord Damage, Cause, Level? Example: (SCI/L4, tetraplegia C5)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: [ ] Undergraduate Student [ ] Graduate Student

Projected years/semesters of enrollment (including 2024-2025) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered with Student Disability Resources? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Disability Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US Citizen [ ] Yes [ ] No

Plan on living on-campus or off-campus for 2022-2023 school year: \_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Tuition Cost per semester:**

In State: \_\_\_\_\_\_\_\_\_\_ Out of state: \_\_\_\_\_\_\_\_\_\_\_

**Estimated Supplemental Support expenses per semester:**

Books and Supplies: $\_\_\_\_\_\_\_\_\_\_\_

Assistive Technology: ­­­­­­­­­­­­­­­­­­­­­­­­$\_\_\_\_\_\_\_\_\_\_

Transportation, (Bus Pass, Parking Pass, Disability Placard, etc): $\_\_\_\_\_\_\_\_\_\_\_

Mobility Equipment: $\_\_\_\_\_\_\_\_\_\_\_

Child care: $\_\_\_\_\_\_\_\_\_\_\_\_

Personal care attendant/Attendant: $\_\_\_\_\_\_\_\_\_\_

Who provides services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per week: \_\_\_\_\_\_\_\_\_

Hourly Rate: $\_\_\_\_\_\_\_\_\_

**Eligibility:**

Please briefly describe your personal experience with Spinal Cord injury, including how it has impacted your educational and/or professional goals, as well as extracurricular activities.

**Please submit your application as a Word Document to**:

Kim Barger

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