



**APPLICANT INFORMATION**

Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Disability:			

**EDUCATION INFORMATION**

School you will attend:	
Address:	
Type of school	<input type="checkbox"/> Community College <input type="checkbox"/> 4-year <input type="checkbox"/> Trade School <input type="checkbox"/> Other_____
2010/2011 Grade Level	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad. <input type="checkbox"/> Other_____
Est. Graduation Date:	
Major:	Minor:

**PARENT/GUARDIAN INFORMATION (IF UNDER 18 YEARS OF AGE)**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

**Applicants under the age of 18 must have the signature/initials of a parent/guardian**

<b>Applicant</b>	<b>Parent /Guardian</b>
_____	_____
Initial	Initial
_____	_____
Initial	Initial
_____	_____
Initial	Initial

(Optional) I hereby give permission to Incight to use my name AND/OR picture to appear in any media AND/OR on Incight's website. I understand that such material may divulge my identity AND/OR my name. I realize working with Incight may merit publication in professional journals, television, or newspapers. I will make no monetary or other claim against Incight for the use of these items.

The Incight Scholarship is a long-term commitment to students with disabilities entering and attending college. Our scholarship commitment is **for four years or until graduation**, whichever occurs first. The renewal of the scholarship each year is contingent on the student's involvement in each of Incight's programs: **Education, Employment, Independence, and Networking**. If these services are not utilized by the applicant, annual renewal will not be considered in the following year.

This is to certify that I understand that receipt of award funds is contingent upon my full-time attendance during 2010-2011 at a trade school, college or university. If I am a recipient, I give permission to Incight to release information to the media (with exception of financial status) and affiliates. I certify that to the best of my knowledge, all information contained in the application is true and accurate. I understand that all decisions made by the Scholarship Committee are final.

Applicant	Date	Parent/Guardian	Date
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