



Higher Education Scholarship Opportunity

RRCI is a 501(c)3 non-profit organization. Our mission is to empower people with disabilities in Southwestern Utah to live independently through education, personalized services and technology. RRCI provides services in nine Utah counties – Beaver, Garfield, Iron, Kane, Millard, Piute, Sevier, Washington and Wayne.

To further our mission, RRCI has established a scholarship fund to assist a limited number of students with disabilities to continue their education after high school. Successful applicants may be granted a scholarship of up to \$500, subject to the following:

- The student must be attending an approved institution located in the RRCI nine county service area (see attached list),
- The student must reside in the RRCI nine county service area, and
- The student has achieved a 2.0 GPA or higher from the prior college semester

Fax or email the attached application (with attachments) to 435-673-8808 or rrci@rrci.org

APPLICATION DEADLINE IS MAY 31st



SCHOLARSHIP APPLICATION
SUBMIT BY MAY 30th FOR UPCOMING SCHOOL YEAR.

Red Rock Center for Independence
 Attention: Executive Director
 168 N 100 E #101
 St. George, UT 84770

Scholarship Application Form must be accompanied by: a copy of transcripts, letter of support from your advisor, professor or employer, and letter of disability confirmation from the Student Disability Resource Center

PLEASE TYPE OR PRINT LEGIBLY WITH PEN Date _____

Name _____
Last First MI

Address _____
Number Street Phone No.

City State Zip County Email Address

Which recognized, regionally accredited applied technology, community or state college or university have you applied to attend? _____

Who is your advisor at that institution? _____ Phone number: _____

How many total units/hours will you have completed by the end of this semester? _____

How many units/hours will you enroll in for next semester? _____

College or university major or program _____
 (List exact name of major/program; refer to college catalog.)

Do you plan to receive an A.A Degree _____, A.S. Degree _____, B.A. Degree _____, B.S. Degree _____, Certification (please describe) _____, or other (please describe) _____

Do you plan to transfer? () Yes () No If yes, when _____, Where _____

High School graduated from _____ Date of graduation _____

High School or College Activities _____

Awards, Honors, and Other Achievements

Hobbies & Interest

Why I deserve this scholarship (include goals for your future plans):

Comments: Any additional information that you feel is important to the review committee.

Applicant's Information Release and Statement: I authorize the release of the following information for review by all members of the Scholarship Selection Committee: copy of Scholarship Application Form, transcript, and letter of recommendation. This information will be kept confidential. I understand that it is my responsibility to report any scholarship(s) that exceed college costs as earned income on my Federal income tax return.

Applicant's Statement: I hereby certify that information submitted herein is true and correct to the best of my knowledge. The information will be kept confidential.

Applicant's Signature _____ Date _____

Incomplete applications cannot be considered. Please attach:

- ✓ Scholarship Application Form (Please use additional paper to respond to questions, if needed.)
- ✓ Transcript
- ✓ Letter(s) of recommendation
- ✓ Verification of disability from attending college or university
- ✓ Media release Form



Release Form for Media

I, the undersigned, grant permission to the RRCI and/or its affiliates to use my name, picture and/or likeness in any manner and in any media, including the Foundation's website and/or Facebook either alone or accompanied by other material.

(To the extent that I intend to in any way limit this grant of permission to any particular use of my name, picture and/or likeness, such limitation has been set forth below on the lines at the bottom of this release.)

I agree that I will not hold the RRCI and/or its affiliates, singly or collectively, responsible for any liability resulting from the use of my name, picture and/or likeness in the manner described above.

Name: _____ Phone No. ()

Address: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witnessed by: _____

Limitations (if any) _____

Approved Institutions

Washington County

Dixie State University

Dixie Applied Technology College

Stevens Henager

Rocky Vista University

Iron County

Southern Utah University

Southwest Applied Technology College

Sevier County

Snow College

Kane County

Southwest Applied Technology Center

Also, Utah State University locations in the following Counties:

Beaver, Garfield, Iron, Kane, Millard, Piute, Sevier, Washington and Wayne