CAROLE L. PATTERSON ENDOWED SCHOLARSHIP CERTIFICATION

The Carole L. Patterson Endowed Scholarship is open only to students with physical disabilities, mobility, hearing, or visual impairments.

Applicant’s Name: ______________________________________________  UT EID: ____________________

First                  Middle                  Last

The following certifies that I have a qualifying disability or condition and as such, I qualify for the Carole L. Patterson Endowed Scholarship.

Describe your qualifying disability or condition.

________________________________________________________________________

Describe how your disability or condition impairs or impacts your daily life.

________________________________________________________________________

________________________________________________________________________

Are you currently registered with the Services for Students with Disabilities Office (SSD) at UT Austin or another source? (Note: You do not have to be registered with the SSD office to be considered for this scholarship.)

☐ Yes. Describe any academic accommodations you are receiving from the SSD office or any other source.

________________________________________________________________________

☐ No. Submit documentation of your disability or condition to our office with this certification. Refer to http://diversity.utexas.edu/disability/documentation-guidelines/ for documentation guidelines.

Certification:
I certify the information I provided is complete and correct to the best of my knowledge. I authorize the university to release my relevant financial and education record information to external entities deemed appropriate for the purposes of processing and administering scholarships and other financial aid. I authorize the university to verify the information I provided. I further understand the officials of the university will rely upon this information and the submission of false information is grounds for rejection of my scholarship information and/or withdrawal of a scholarship offer(s). The permission is given pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99).

Signature of Applicant: _______________________________ Date: ____________________________

Mail completed certification or supporting documentation to:
Attention: Carole L. Patterson Endowed Scholarship Committee
Office of Financial Aid, Scholarship Section
The University of Texas at Austin
100 West Dean Keeton Street, E3700
Austin, Texas 78712-1712