WILL ROGERS MEMORIAL SCHOLARSHIP CERTIFICATION

The Will Rogers Memorial Scholarship is open to students with physical or other disabilities or students pursuing a career/work with the disabled.

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 Will Rogers Memorial Scholarship.

☐ Yes, I have a qualifying disability. Qualifying Disability: __________________

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

________________________________________________________________________

☐ No, I do not have a qualifying disability.

Describe the career path or work you intend to do with disabled individuals.

________________________________________________________________________

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 and supporting documentation to:
Attention: Will Rogers Memorial Scholarship Committee
Office of Financial Aid, Scholarship Section
The University of Texas at Austin
100 West Dean Keeton Street, E3700
Austin, TX 78712-1712