# 2025 - 2026 TN-AHEAD

**4-YEAR SCHOLARSHIP APPLICATION**

## SCHOLARSHIP REQUIREMENTS

1. Must be a resident of Tennessee and registered with the institution’s disability services office.
2. Must have completed a minimum for 40 hours of college credit at the time of application.
3. Must be enrolled at a four-year institution during the award period for a minimum of nine (9) credit hours.
4. Must be currently enrolled for a minimum of nine (9) credit hours.
5. Minimum of 2.5 (on a 4.0 scale) collegiate GPA and be in good standing.
6. Provide two (2) letters of recommendation with at least one (1) from a faculty member.
7. Nomination by a TN-AHEAD member.
8. Entire application must be completed, including certification from the Disability Services Provider as well as the required essay. You may use additional pages as needed.

**Application Deadline: March 03, 2025**

### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Address­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Name) (City) (State) (Zip)

### Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University Enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability and/or community related activities, achievements, clubs, etc., including leadership positions:

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

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**ALL STUDENTS PLEASE COMPLETE THE FOLLOWING:**

**Write an essay about how you have used self-advocacy skills to shine a light on your abilities and how you believe these skills will help you in life after college.  (Attach separate sheet.)**

RETURN COMPLETED APPLICATION TO: Jamie Bojarski, Director, Student Access

Vanderbilt University

2301 Vanderbilt Place

Nashville, TN 37240

**Email: Jamie.bojarski@vanderbilt.edu**

Any questions should be directed to Jamie Bojarski at Jamie.bojarski@vanderbilt.edu or 615-343-9727.

### To be completed by the Institution’s Disability Service Provider:

### *By completing the following section, you are certifying this applicant’s nomination and registration with the institution’s office of disability services.*

**Number of College Credit Hours Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Enrolled Hours**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Standing**: Good \_\_\_\_\_\_\_\_\_\_\_\_\_ Probation \_\_\_\_\_\_\_\_\_\_\_\_\_ **GPA** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Service Provider Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is a $1,000.00, one (1) year non-renewable scholarship awarded two semesters, $500.00 ea.**

**Scholarship recipient will be announced at the TN-AHEAD conference** **in March 2025.**