

**Ohio Governor's Council on People with Disabilities**  
**Karla M. Lortz Scholarship**

This **\$1,000 scholarship** will be given to a student with a disability, who will be a freshman or sophomore in college during the fall semester. The student receiving the award must be an Ohio resident, have a disability, and be enrolled in a non-traditional field of study. Non-traditional studies include: accounting, business, engineering, finance, mathematics, science, and/or technology. The scholarship will be awarded during the Governor's Council **Annual Awards Ceremony** scheduled for **August 20<sup>th</sup>, 2009**. Should the winner be a graduating senior, a member of the GCPD will attend the year end award ceremonies, at the school and announce the winner, **if requested** to do so. **To receive the scholarship, the winner must be available to accept the scholarship at the scheduled GCPD Annual Awards Ceremony, in Columbus.**

**Applications must be received by **May 30th, 2009**.** (Electronic format and fax preferred; however, mailed applications still accepted.)

**Governor's Council on People with Disabilities**  
**Attn: Agency Award, 2009**  
**400 E. Campus View Blvd., SW5C**  
**Columbus, OH 43235-4604**  
**FAX: 614-985-9052**  
**E-Mail: [Scott.Hinton@rsc.state.oh.us](mailto:Scott.Hinton@rsc.state.oh.us)**

**Submission Package:**

The following materials **must be included** to be considered for this scholarship.

- 1) Completed application plus two copies. (A total of three [**3**] copies, if mailed)
- 2) An essay of approximately 500 words. This essay should include the following: student's area of study, employment goals, educational plans, how student became interested in this career choice, and how student has overcome any barriers to this field (that resulted from the student's disability). This essay should be provided in a written format, accompanied by a disc copy.
- 3) A copy of the student's current transcript.
- 4) Three (**3**) letters of recommendation. One of the letters must be from a teacher/instructor of science or mathematics. A second letter must be from a supervisor, where you were either employed or did volunteer work. The third letter must be from an adult (such as: a guidance counselor, local religious leader, political representative, mentor, or director/program manager from a disability related service).
- 5) Copy of acceptance letter from the College/University the student will be attending.

## Application for the Karla M. Lortz Scholarship

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Area Code and Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Gender** (optional): \_\_\_\_\_ **Ethnicity** (optional): \_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_

(Current High School GPA, send final when received, **or** GPA for college freshman year)

**High School Attended:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Area Code and Phone Number:** \_\_\_\_\_

**College/University Attending:** \_\_\_\_\_

**Declared Major:** \_\_\_\_\_

**School Activities:** (list extracurricular activities such as: clubs, organizations, plays, sports, quiz teams, etc. in which you have participated in during high school or college)

- 1.
- 2.
- 3.
- 4.

**Community Involvement:** (list community activities such as: volunteerism, employment, religious activities, in which you are involved with or have participated in)

- 1.
- 2.
- 3.
- 4.

**Awards and Recognitions:**

- 1.
- 2.
- 3.
- 4.

**References:** (please provide the name, phone number, and e-mail of your three [3] individuals who have written letters of recommendations for you)

1. Name:  
Phone:  
E-mail:
2. Name:  
Phone:  
E-mail:
3. Name:  
Phone:  
E-mail:

