



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 scholarship will be awarded during the Governor's Council Annual Awards Ceremony scheduled for October 2016.

The Criteria:

1. All applicants must be residents of Ohio.
2. The applicant must have a disability.
3. The applicant must be enrolled in a non-traditional field of study, which may include accounting, business, engineering, finance, mathematics, science and/or technology.

Submission Package:

The following materials must be included to be considered for this scholarship:

1. Completed application.
2. An essay of approximately 400 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 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. A copy of the acceptance letter from the college/university the student will be attending.

Send your submission package to:

Governor's Council on People with Disabilities
ATTN: Shirley Marchi
400 E. Campus View Blvd., 3rd Floor
Columbus, OH 43235-4604
Fax: 614- 9857906
E-mail: Shirley.marchi@ood.ohio.gov

Applications must be received by July 15, 2017.



APPLICATION FORM

Ohio Governor's Council on People with Disabilities

Karla M. Lortz Scholarship

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

City: _____ State: _____ Zip: _____

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 recommendation for you.)

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

This form may be duplicated.