



***On My Own, Inc.***  
*Non-Residential Independent Living Center*

## **Scholarship Program Guidelines**

1. Applicant must be the child of a disabled parent or a disabled child themselves
2. Applicant must be seeking a degree to help people with disabilities such as medical, special education, social services, therapy and or mental health fields.
3. \$500.00 per semester towards tuition.
4. Applicant must be a full time student of the school attended
5. Scholarship is available up to 10 semesters per student
6. Must be In-State College or Vocational Technical Program or an Institution that does not charge out of state tuition to Missouri residents.
7. Applicants must maintain a 2.0 grade point average.
8. Available to students beginning college between the ages of 18-25.
9. Applicants must reside in one of the following counties: Bates, Cedar, Hickory, St. Clair or Vernon.

**Main Office**

428 E. Highland  
Nevada, MO 64772  
417-667-7007 • 800-362-8852  
Fax: 417-667-6262

**Collins Office**

PO Box 211  
1301 DeLaPorte  
Collins, MO 64738  
417-275-1115 • 877-275-2815  
Fax: 417-275-1113

On My Own, Inc.  
**Scholarship Program**



On My Own, Inc.  
Non-Residential  
Independent Living Center

Documents we will need from you:

Completed Scholarship packet: Scholarship Application and Essay

Disability Determination or Medical Diagnosis for Disabled Parent or Disabled Student

Proof of GPA 2.0 or higher

High school transcript/Proof of College grades each semester

Proof of enrollment into college or trade school to be attended

Documentation of other scholarships, grants or awards received

# On My Own, Inc. Scholarship Essay



On My Own, Inc.  
Non-Residential  
Independent Living Center

The Essay should be 12 pt., double spaced and 500-700 words.

Choose from one of the following questions:

- As a child, how did you first learn about “disability?” How did that experience affect your perceptions and expectations of individuals with disabilities? In what ways have your perceptions and expectations changed?
- What impact is the war in Iraq and Afghanistan having on the perception and treatment of people with disabilities in the U.S. today?
- What does “fix the environment and not the person” mean in reality? What is your community doing to “fix the environment”?
- From your perspective, what policies and procedures prevent people with disabilities from being productive?
- How has living with a disabled parent/guardian or being a disabled person yourself impacted your career choice and the path that you are choosing to take as you seek your degree?

# On My Own, Inc. Scholarship Program



## SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone: \_\_\_\_\_  
Disability (if applicable): \_\_\_\_\_

Parents Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Parents Disability (if applicable): \_\_\_\_\_

### Attach Copy of Disability Determination or Medical Diagnosis

School Attending: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Degree Seeking and  
Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Scholarships and Awards Received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Choose the option that applies:

I prefer to be awarded the On My Own, Inc. Scholarship for \$500.00 to cover tuition and fees. This award is for the \_\_\_\_\_ semester of the year \_\_\_\_\_.

### OR

I prefer to be awarded the On My Own, Inc. Scholarship for \$500.00 to cover college expenses. This award is for the \_\_\_\_\_ semester of the year \_\_\_\_\_. This will cover the following college expenses; travel, books and supplies, room and board and/or other \_\_\_\_\_.

I have received grants, scholarships and awards that are currently covering my tuition and fees at this time.

Upon renewal of this award I understand that I will be asked to submit my college grades to ensure that I have maintained a 2.0 grade point average and a copy of my upcoming classes to ensure that I am enrolled in the school named above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Office Use Only

- Proof of grade point average received
- Proof of enrollment received
- Check delivered