

**CALIFORNIA - HAWAII ELKS MAJOR PROJECT, INC.**  
**UNDERGRADUATE SCHOLARSHIP PROGRAM FOR STUDENTS WITH DISABILITIES**  
**2021-2022 APPLICATION**

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The California-Hawaii Elks Major Project, Inc, is offering scholarships to students with disabilities. This is a financial needs-based and academic use scholarship intended for UNDERGRADUATE WORK at a licensed vocational school, accredited community college, or four year college/university only. The funds are to cover ACADEMIC EXPENSES which include tuition, books, lab fees and/or on-campus room and board ONLY.

Scholarship awards are normally \$1,000 for community colleges or vocational schools and \$3,000 for four-year colleges or universities academic year. Exceptions are determined by the Scholarship Committee. After initial award, reapplication for a maximum of 3 renewals is possible for a total of 4 years, or until undergraduate degree is achieved, whichever comes first. Renewal applications will be judged yearly.

**ELIGIBILITY**

To be eligible to apply, individuals must (1) be a United States citizen; (2) be a resident of California or Hawaii; (3) have a physical impairment, neurological impairment, visual impairment, hearing impairment, and/or speech/language disorder; and (4) be a senior in high school, a high school graduate, or have passed the General Educational Development (GED) Examination or the California High School Proficiency Examination (CHSPE).

**APPLICATION TIME LINE**

The application packet will be accepted in the California-Hawaii Elks Major Project, Inc. office BEGINNING February 1, 2021 to be considered for the 2021-2022.

**The entire application packet should be completed and postmarked on or before March 15, 2021 and received in the Fresno office by April 1, 2021. The Scholarship Committee will begin judging applications on April 1, 2021.**

The applicant is solely responsible for all information reaching the California-Hawaii Elks Major Project, Inc. office. Receipt of scholarship packet may be verified by calling (559) 255-4531.

**APPLICATION GUIDELINES**

Applicant must use the official Undergraduate Scholarship for Students with Disabilities application designated for the approaching academic year and all instructions must be followed or the application will not be submitted to the Scholarship Committee for judging.

Typewritten applications are preferred over handwritten submissions. Handwritten applications must be completed in black ink. Illegible forms will not be submitted to the Scholarship Committee for judging.

Applications and all supporting documents must be in English.

After completing this application, make a photocopy for your records. All reapplications become the property of the California-Hawaii Elks Association and the California-Hawaii Elks Major Project, Inc.

**MAIL COMPLETED APPLICATION**

Arrange items in this order:

- Page 2 - **must be Signed by Lodge Official**
- SEALED Transcript(s) - Include if not mailed by school.
- Page 3
- Page 4
- Clarification of Disability Report
- Page 5
- Page 6 - **must be Signed and Dated**

Place your entire scholarship packet in a large envelope. Do not fold or insert application into a folder or binder. Then mail packet to:

**Scholarship Committee**  
**California-Hawaii Elks Major Project, Inc.**  
**5450 E. Lamona Avenue**  
**Fresno, CA 93727-2224**

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Applicant's Name \_\_\_\_\_

**Lodge Endorsement**

**The Scholarship Chairman, Exalted Ruler or Secretary of a B.P.O. Elks Lodge must sign the lodge endorsement on this page.**

The sponsoring Lodge is not responsible to interview the applicant or verify that this application conforms to the Undergraduate Scholarship Program for Students with Disabilities requirements. The sponsoring Lodge must not open the applicant's sealed transcript or confidential envelopes. The applicant is solely responsible for forwarding the completed application packet to the California-Hawaii Elks Major Project, Inc. office.

Lodge Name \_\_\_\_\_ Lodge Number \_\_\_\_\_

Date \_\_\_\_\_ (signed) \_\_\_\_\_  
 Lodge Scholarship Chairman, Exalted Ruler, or Secretary

Date \_\_\_\_\_ (printed) \_\_\_\_\_  
 Lodge Scholarship Chairman, Exalted Ruler, or Secretary

**Clarification of Disability Report**

**Include ONE report from a qualified professional who specializes in the applicant's disability and is most familiar with the applicant.**

Report must be original, dated, and signed by the author. Copies or faxes are not acceptable. It should be limited to one side of an 8.5-inch by 11-inch sheet of paper and typed. The report should cover the following: the applicant's diagnosis and degree of the disabling condition, how the disabling condition affects ongoing medical care and function, what special adaptations the applicant has to make for education mobility and communication, and current functional status based on the most recent tests. (Depending upon the applicant's disability, a qualified professional could include a special educator, therapist, school psychologist, audiologist, optometrist, medical physician, etc.)

List the Qualified Professional's name, and phone number \_\_\_\_\_

**Transcripts**

**INCLUDE all official, complete, transcripts of student grades. Transcripts must be sealed.**

Sealed Official Transcript will be: - mailed by school, - included in this packet

- If applicant is a senior in high school or high school graduate that has not attended college, obtain applicant's high school transcript. If applicant is or was a college student, obtain applicant's college transcript.
- If applicant is a freshman and the college transcripts are not available prior to the deadline, submit high school transcript. Your college transcript is to be sent as soon as it becomes available.
- If you obtained a General Educational Development (GED) certificate or California High School Proficiency Examination (CHSPE) certificate and do not have a college transcript, then obtain verification of your GED or CHSPE. If applicable, include your high school transcript. Also state why you obtained a GED or CHSPE instead of a high school diploma.

List the high school/colleges that you have attended.

<u>Name</u>	<u>Dates Attended</u>	<u>GPA</u>	<u>Did you Graduate?</u>

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Applicant's Name \_\_\_\_\_ Social Security # xxx-xx- \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
MM/DD/YYYY

Grade level in college beginning July 1st (approaching academic yr): -Freshman; -Sophomore; -Junior; -Senior

Have you previously applied for this scholarship? - Yes, - No

Are you currently a United States citizen and a California or Hawaii resident? - Yes, - No

Name your disability \_\_\_\_\_

Describe your disability \_\_\_\_\_

To what degree does your disability affect your education, mobility and communication? \_\_\_\_\_

What special equipment, devices, and/or supportive services do you require? \_\_\_\_\_

State your career goals. \_\_\_\_\_

State your planned course of study. \_\_\_\_\_

List your extracurricular activities, interests and/or hobbies. \_\_\_\_\_

List your previous work and/or volunteer experiences. \_\_\_\_\_

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**Self-Evaluation Essay**

Prepare an Essay. This essay must be written in your own words. Try not to be redundant by repeating the information already addressed on this application.

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**Determine Independent or Dependent Student Status**

- Claiming Independent Status:

Applicant is considered an independent student if at least one of the criteria listed below applies to you. If you think you have unusual circumstances that would allow you to claim Independent Student Status, even though none of the below criteria applies to you, it is mandatory that approval be obtained to claim Independent Student Status by calling the Fresno office at (559) 255-4531.

If claiming Independent Student Status, check the criterion that applies:

- I will be 21 years of age prior to the upcoming academic year.
- I am married.
- I have legal dependents other than a spouse.
- I am an orphan or ward of the court (or was a ward of the court until age 18).
- I am a veteran of the U.S. Armed Forces.
- I have received approval from the Scholarship Committee to claim independent student status.

Applicant's Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

- Claiming Dependent Status:

The following are guidelines to determine which custodial parent's information should be used and who MUST SIGN the appropriate section of this application.

- If applicant's parents are both living together, use both.
- If applicant's parents have divorced or separated use the parent who provided the most financial support during the last 12 months. If that parent is remarried as of today, use that parent and the person whom that parent married.
- If applicant's parent is widowed or single, use that parent. If applicant's widowed parent is remarried as of today, use that parent and the person whom that parent married.

Custodial Parent \_\_\_\_\_ Occupation \_\_\_\_\_

Custodial Parent \_\_\_\_\_ Occupation \_\_\_\_\_

**Financial Analysis**

	Applicant and Spouse	Custodial Parent(s)
A. 2020 Annual Income (earned from work)	\$	\$
B. Other taxable income from 2020 IRS 1040 (all schedules)	\$	\$
C. Adjusted gross income from 2020 IRS 1040	\$	\$
D. All non-taxable income not included above (including SSI/SSA, pensions, alimony, child support, interest income, etc)	\$	\$
Gross Income Total (C + D)	\$	\$
E. Value of bank accounts, other investments (CD, stocks, bonds, etc.	\$	\$

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**Financial Statement**

The custodial parent (if Dependent Student Status) or applicant (if Independent Student Status) must prepare a statement summarizing the family’s obligations and resources. The statement should illustrate the applicant’s need for financial assistance and the inability to meet these needs.

List school(s) for which you have applied or will apply. State the cost of tuition and type of school; licensed vocational school, accredited community college, or four year college/university.		
<u>Tuition Cost</u>	<u>Name</u>	<u>Type of School</u>
\$		
\$		
\$		

State the reason for selecting the school(s) \_\_\_\_\_  
 \_\_\_\_\_

**Financial Statement**

**Must be dated and signed by the student and if dependent status applies to applicant then custodial parent(s) must also sign.**

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. income tax form. If you purposely give false or misleading information, you will be disqualified from this program.

Date \_\_\_\_\_ Signed by \_\_\_\_\_ (Student)

Date \_\_\_\_\_ Signed by \_\_\_\_\_ (Custodial Parent)

Date \_\_\_\_\_ Signed by \_\_\_\_\_ (Custodial Parent)