



# The Jan La Belle Scholarship

**Family Network on Disabilities** is a national network of individuals of all ages who may be at-risk, have disabilities, or have special needs and their families, professionals, and concerned citizens. The mission of Family Network on Disabilities is to ensure through collaboration that individuals have full access to family-driven support, education, information, resources, and advocacy and to serve families of children with disabilities, ages birth through 26, who have the full range of disabilities described in section 602(3) of IDEA.

**The Jan La Belle Scholarship Program** was established in 2009 to provide a financial resource to individuals with disabilities who desire to pursue their personal and career goals through attendance at a postsecondary institution.

## **Application Procedures for 2017– 2018**

Applications will be accepted **December 15, 2017 – January 31, 2018**

Applications may be submitted:

Online at [www.fndfl.org/scholarship.htm](http://www.fndfl.org/scholarship.htm),

Email to [scholarship@fndusa.org](mailto:scholarship@fndusa.org), or

Mail to **Family Network on Disabilities  
Jan La Belle Scholarship Program  
2196 Main Street, Suite K  
Dunedin, FL 34698**

## **Notification Procedures for 2017 – 2018:**

Applicants will be notified of their award status no later than **April 30, 2018**. Award winners must complete and return an acceptance form no later than **60 days** after notification of award. Failure to return the acceptance form by this date will result in forfeiture of the award.



# The Jan La Belle Scholarship

One or more Jan La Belle Scholarship winners will be selected annually for a total possible non-renewable award of up to \$15,000. Award amounts are based on several factors, including available funds and number of eligible applicants. The Jan La Belle Scholarship offers the following two application options for individuals with disabilities.

### **Option A – Academic (Standard Diploma)**

- Meeting of all Florida standards or approved Disability Portfolio;\*\*
- Community service leadership or involvement; and
- Receipt of any other scholarship awards.

### **Option B – Career or Trade Skill Development**

- Accomplishments in field of interest;
- Community service leadership or involvement; and
- Receipt of any other scholarship awards.

### **Award Restrictions**

- A 2.5 GPA must be maintained at a post-secondary institution during the period of the scholarship award.
- No criminal activity, arrests or convictions may occur.
- Acceptable attendance must be maintained.

\*\*In lieu of Florida FSA scores, applicants may submit an alternative method (disability portfolio) that provides evidence of meeting state academic standards. This portfolio includes a sampling of artifacts or materials (i.e., personal achievements, work samples, other assessment results, letters by school or district officials, report cards, progress reports, Individualized Education Plans (IEP), etc.) that represent the applicant's successful advancement through grade levels.



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Please check off each of the boxes below:

**Eligible applicants must meet all of the following criteria:**

- Applicant must be an individual with a disability.
- Applicant must be a Florida resident.
- Applicant must be an individual 16 to 24 years of age who is entering as a first time student at any institution of higher learning, whether academic or vocational.

**Eligible applicants must also provide the following documents:**

- Two letters of reference from someone other than a family member, relative, or personal friend. Suggestions include: a current or former teacher, employer, etc. The content of the letters should address your commitment to learning, personal or professional advancement, and service;
- Verification of Disability Form (form is attached as part of this application);
- High School Transcript; and
- Proof of accomplishments, including in field of interest, such as certificates, awards, letters of commendation, postsecondary acceptance letters, etc.

**If applying for Option A, applicants must also provide:**

- Standardized Test Scores or approved Disability Portfolio



**3. What process did you use to decide what education or skill training you needed to meet your career goals?**

**4. What steps have you taken toward preparing to achieve your career goals (work experiences, education, special training, volunteer work, community service, internships, etc.)?**

**5. What do you see yourself doing after school/college/training?**

**6. How have other individuals (peers, adults) impacted your path to your personal and career goals?**

**7. What internal assets (strengths) do you have that will enable you to achieve your career and personal goals?**

**Financial Resources (attach additional pages as necessary)**

**1. How will an award of the Jan La Belle Scholarship assist you in obtaining the education or training you need to achieve your career goals?**

**2. What has been your process of searching for scholarship opportunities or other financial assistance resources?**

**3. How will you obtain the other financial resources needed to complete your education or training?**

**4. Who will assist you in obtaining financial assistance?**

**Community Service (attach additional pages as necessary)**

**1. Throughout the past five years, what community services have you been involved in? Please include not only volunteering at church or at a community organization such as an animal shelter or food pantry, but also acts of charity such as picking up litter in your neighborhood, donating blood, etc.**

**2. What was your role with each community service opportunity?**

**3. What have you learned about yourself, others, your community, and your world through your experience in service?**



**4. How did your community service make a difference in someone's life?**

**5. Of all the community services in which you have been involved, what parts or which ones have been the most meaningful? Why?**

**6. What are your plans for continuing to "give back" through community service?**

**Assistance in Completing Application (attach additional pages as necessary)**

**1. How did you find out about the Jan La Belle Scholarship Program?**

**2. How were you assisted in completing and submitting the application and gathering the required documents?**

**3. What were the difficulties you had in completing the application process?**



### Verification of Disability Form

Please have your medical or educational professional complete the following information and submit with your scholarship application.

Name of Patient/Client/Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Onset of Disability: \_\_\_\_\_

#### Verification of Disability

Diagnosis: \_\_\_\_\_

Name of Medical or Educational Professional: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in the Family Network on Disabilities Jan La Belle Scholarship Program. We will carefully review your application and accompanying documents, and notify you when award decisions are made.

If you have any questions, please feel free to contact:

Family Network on Disabilities  
(727) 523-1130 / (800) 825-5736  
Email: [scholarship@fndusa.org](mailto:scholarship@fndusa.org)  
[www.fndusa.org](http://www.fndusa.org)

