

NEUBER ENDOWMENT FOR THE ADVANCEMENT OF BUCKS COUNTY RESIDENTS WITH PHYSICAL DISABILITIES

This scholarship is awarded to a current BCCC student from one of the following populations:

- *Disabled students who have graduated from a Bucks County high school within the past two years.*
- *Bucks County residents who have become permanently disabled as the direct result of domestic violence or an accident caused by a drunk driver.*
- *Disabled veterans residing in Bucks County.*
- *Disabled family members of those currently serving in the armed forces.*
- *Bucks County residents who have a learning disability. Preference however will be given to applicants with a physical disability.**

This scholarship also requires the following:

- *Applicants must possess a minimum cumulative grade point average of 2.5. Preference is given to applicants who demonstrate financial need.*
- *Applicants must major in a program in one of the College's six academic departments. Preference is give to applicants who major in either business studies or social services.*
- *Applicants must reside in Bucks County.*

**The Director for the Office of Disability Services may require appropriate documentation of disability to verify scholarship criteria.*

APPLICATION DEADLINE: April 1

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The purpose of this scholarship is to provide a scholarship for a worthy and deserving student at Bucks County Community College. This is a \$225 scholarship to be used for the fall semester.

Name: _____ Student #: _____

Address: _____

_____ Phone #: _____

Major: _____

Cumulative GPA: _____ Total Credits at BCCC: _____

Have you completed the next academic year's FAFSA (Free Application for Federal Student Aid)? _____. If so, when? _____.

- Please answer the following essay question on a separate piece of paper:
- How will you use your educational experience at BCCC to help improve the lives of those living in our county and its surrounding communities?

Application Certification

1. Any funds received will be used solely for the purpose of paying educational related expenses.
2. The Financial Aid Office will be notified immediately should there be any change to my plans of study. I understand that the Financial Aid Office reserves the right to review these changes and to withdraw or adjust the award if determined necessary.

Name: _____

Signature: _____ Date: _____

Please return this completed application to:
Bucks County Community College
c/o Marie Cooper
Disability Services Office
Rollins Center 08
275 Swamp Road
Newtown, PA 18940