

League Disability Fund Application

This scholarship is made available to fully disabled students on behalf of Donald K. League, who is blind and was the first fully disabled student to attend and graduate from Bob Jones University. It is his desire to see Christian disabled individuals receive the unique training that a Christian education can provide and to help with the extra expenses associated with the disability so that the student and/or his parents will be more able to afford the costs associated with attendance at a Christian institution—in particular, Bob Jones University. Equipment may include but not be limited to:

- A reading machine for the library so students who are blind will have access to the books
- Specialized computer software
- Textbooks (when more than one copy must be purchased) for those who will put the book on tape
- The cost of interpreters and others needed to help the student

Personal Data

Name:

Last

First

Middle

Current address

Street

City

State

Zip

Telephone number: ()

Cell phone number: ()

Social Security Number:

Date of birth:

Sex: M F

Have you applied to and been accepted by a qualifying educational institution? yes no

Name of institution: _____ City, State: _____

Semester for which scholarship will be used: Fall 20__ Spring 20__ Summer 20__

Classification: Freshman Sophomore Junior Senior Grad

Degree working toward:

High school attended:

Name of school

City, State

College attended:

Name of school

City, State

College attended:

Name of school

City, State

SAT/ACT Score:

Honors and achievements:

Extracurricular activities:

Community involvement:

Name and address of church you regularly attend: _____

Disability:

Blind

Deaf

Other (please explain) _____

Please give a brief explanation of your need: _____

Parents Data

Father's name	Mother's name
Address	Address
Telephone number	Telephone number
Occupation	Occupation
Income last year	Income last year
Projected income this year	Projected income this year

Number of other children in college or university	Tuition paid
Number of other children in Christian elementary, junior high, or high school	Tuition paid
You must attach your latest federal income tax return(s)—i.e., IRS Form 1040 or 1040EZ—to this application.	

Please attach to this application your personally written testimony of your faith in Christ as well as three sealed envelopes containing written recommendations from three references who have known you for at least two years. One reference must be your pastor, and the other two must not be related to you. Each of your references should explain why you qualify for a scholarship from the League Disability Fund. Each reference should also include his or her name, mailing address and telephone number. Deadlines for application materials are **July 15** for the fall semester and **November 15** for the spring semester and summer school.

I authorize the board or its representatives to discuss this application with the appropriate qualifying educational institution.*

I also hereby authorize the board or its representatives to discuss my application with any of my references.
 Yes No

The information reported on this form is, to the best of my knowledge, correct and complete.

Signed: _____ **Date:** _____

NOTE: If scholarship monies are awarded, funds will not be released until you are enrolled. These funds may be paid to a vendor for the purchase of a device or software or applied to the student's school bill.

*Qualifying educational institution—such scholarship must be utilized for study at an educational institution described in Section 170(b)(1)(A)(ii) of the Internal Revenue Code, to wit: an educational institution which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where its educational activities are carried on. Such educational institutions include secondary schools, colleges and universities.

Send completed application, testimony, federal tax return and references to:

**The Demonstrative Need Scholarship Fund
League Disability Fund
c/o Board Liaison
Box 34555
Greenville, SC 29614
or via fax:
864-770-1324**