



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



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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



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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