

# OPERATION EDUCATION

UNIVERSITY OF CALIFORNIA, RIVERSIDE

## Scholarship Application

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

Student ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address/PO Box City State Zip

Current Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Point of Contact: \_\_\_\_\_  
Address Information

Phone: (\_\_\_\_) \_\_\_\_\_

I would like to be considered for Operation Education Scholarship funding for the following terms this academic year:

- Fall** (September - December)       **Winter** (January – March)  
 **Spring** (March – June)       **Summer** (June –August)

- I will be:
- an Undergraduate Student
  - a Graduate Student
  - a Masters of Business Administration Student
  - a Medical Student

Branch of Service and Rank when discharged from military service: \_\_\_\_\_

My Degree/Career Objective:

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### DISABILITY/PERSONAL INFORMATION

*Please use additional sheets if needed to answer questions fully.*

**1. Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Blind                    | <input type="checkbox"/> Mobility/Orthopedic (non-wheelchair)  |
| <input type="checkbox"/> Visual Impairment        | <input type="checkbox"/> Mobility/Orthopedic – wheelchair user |
| <input type="checkbox"/> Deaf                     | <input type="checkbox"/> Traumatic Brain Injury                |
| <input type="checkbox"/> Hard of Hearing          | <input type="checkbox"/> Psychological                         |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Other: _____                          |

Please describe \_\_\_\_\_

2. Date of injury, location, and military operation, *if applicable*: \_\_\_\_\_  
(Example: Oct 04, Baghdad, OIF II)

3. Describe your injury and the resulting disability and the circumstances in which it was sustained:

4. What limitations are imposed by your disability?

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5. What are the injury-related adjustments or accommodations you currently use?

6. Identify the disability-related academic adjustments or accommodations you anticipate needing while at the University of California, Riverside:

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Housing accommodations   | <input type="checkbox"/> Child care                        |
| <input type="checkbox"/> Specialized medical care   | <input type="checkbox"/> Personal care                     |
| <input type="checkbox"/> Campus/classroom access  | <input type="checkbox"/> Preferential seating in classroom |
| <input type="checkbox"/> Parking  | <input type="checkbox"/> On-campus transportation          |
| <input type="checkbox"/> Specialized furniture in classroom   | <input type="checkbox"/> Off-campus transportation         |
| <input type="checkbox"/> Emergency evacuation assistance  |  |
| <input type="checkbox"/> Electronic devices in classroom (i.e.: Brailnote, laptop: FM System)   |  |
| <input type="checkbox"/> Academic adjustments (testing accommodations, computer access, note-taker/scribe, hearing device, language/oral interpreter/captioner, etc.) |  |

\_\_\_\_\_

Other adaptive equipment or accommodative services: \_\_\_\_\_

7. Will you have dependents living with you? If yes, please list their ages and gender.

\_\_\_\_\_

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8. Do you have a personal care attendant? If yes, briefly describe the arrangement.
9. Please submit a detailed budget of funds requested from Operation Education and how they would be used. This should include expected monthly expenses compared to income from financial aid and other sources and specifically how this scholarship will fill in any gaps. It may also include any one-time expenses that you may have, particularly if those expenses relate to your disability or to your success in school. BE AS DETAILED AND SPECIFIC AS POSSIBLE.

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10. Provide other information that might assist the selection committee in meeting your financial and academic needs this year.

### **CERTIFICATION OF COMPLETE AND ACCURATE INFORMATION:**

- I have submitted to the University of California, Riverside a complete Application for Admission.
- I have completed or will complete the Free Application for Federal Student Aid (FAFSA).
- I have applied or will apply for educational benefits from the US Department of Veterans Affairs.
- I am submitting a complete and accurate Scholarship Application Form and the required supporting documentation.

**I hereby certify that I have completed the above application requirements for consideration for this scholarship from the University of California, Riverside's Operation Education Scholarship Program.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

### **SCHOLARSHIP APPLICATION CHECK LIST (All Steps Must Be Completed)**

- Submit a completed Application for Admission to the University of California, Riverside.

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- Provide a copy of the DD214 document as soon as one is issued.
- Provide **disability documentation**. Submit a copy of the Disability Rating Letter from the US Department of Veterans Affairs, an official letter or other medical record documents from the attending licensed medical physician. The letter or medical documents must include a narrative interpretation summary, which confirms the date of injury, provides a description of the injury and/or resulting disability, and explains the disability's impact on one or more major life functions. **To be considered, applications must include appropriate disability documentation.**
- As part of your Operation Education application, it is recommended you complete a **Free Application for Federal Student Aid (FAFSA)** at [www.fafsa.gov](http://www.fafsa.gov). Although it is not required, the FAFSA provides information necessary to determine your financial need. Additional information may be requested.
- Applicants must apply for educational benefits from the US Department of Veterans Affairs, if eligible.
- Complete the **Operation Education at the University of California, Riverside Scholarship Application** and submit via:

### Email

[vasco@ucr.edu](mailto:vasco@ucr.edu) with the "Operation Education" in the subject line.

OR,

### Mail

University of California, Riverside  
Financial Aid Office — VA School Certifying Official  
Attn: Patrick Napier  
900 University Ave.  
2106 Student Services Building  
Riverside, CA 92521

### Due Date for Application Materials:

- Applicants who are admitted to the University of California, Riverside for the fall term should return the completed forms and documentation no later than May 15<sup>th</sup>. **Applications received after this date may be considered contingent upon available funds.**

**\*NOTE:** Once funded, recipients will generally receive scholarship funds for subsequent years, provided they are enrolled as active students, are maintaining satisfactory academic progress towards their degree, and have fulfilled the conditions of the Operation Education acceptance contract. The level of funding may change from year to year depending on the needs of the recipient, other resources, and the funding available from this program.

### Questions?

Contact the University of California, Financial Aid – VA School Certifying Official by phone or email:

Patrick Napier, Veterans Services Coordinator

(951) 827-6162

[vasco@ucr.edu](mailto:vasco@ucr.edu)