



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.

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
Fax: 417-275-1113

On My Own, Inc.
Scholarship Program



Documents we will need from you:

Completed Scholarship packet: Scholarship Application and Essay

Disability Determination or Medical Diagnosis for Disabled Parent or Disabled Applicant

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



The Essay should be 12 pt., double spaced and 500-700 words.

The Essay should include:

- An Introduction of yourself
- How you heard about our scholarship
- If you have received any other scholarships or financial awards
- What organizations and extracurricular activities have you been involved in?
- Outside of the classroom what do you consider to be the most important life skill you learned in high school to be?
- What are some of your personal strengths?
- If a friend were to describe you, what do you believe they would say?
- If a teacher pastor or mentor were to describe you, what do you believe they would say?
- What are your plans for the fall semester?
- How has living with a disabled parent or guardian or being a disabled person impacted your career choices and the path that you are choosing to take as you seek your degree?
- Where do you see yourself in 5 years?



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: _____
Email: _____

Degree Seeking and Why: _____

Other Scholarships and Awards Received:

Choose the option that applies:

I have been 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 have been 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

- Proof of grade point average received
- Proof of enrollment received
- Check delivered

Photo and Consumer Testimony Release Form



On My Own, Inc.
428 E Highland
Nevada MO 64772

Permission to Use Photograph and Consumer Testimony

Subject: _____

Location: _____

I grant to On My Own, Inc., its representatives and employees the right to take photographs of me and my property as well as my consumer testimony in connection with the above-identified subject. I authorize On My Own, Inc. its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree On My Own, Inc. may use such photographs and consumer testimony of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, advocating and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____ Date _____

Signature, parent or guardian _____
(if under age 18)

Witness: _____

