Application for the Craig H. Neilsen Foundation Scholarship 2022-2023

Deadline is March 11, 2022

Submit to uoaec@uoregon.edu with Subject Heading: Neilsen Scholarship

The Craig H. Neilsen Foundation Scholarship is available to eligible students with a Spinal Cord Injury (SCI)* who attend or plan to attend the University of Oregon as an undergraduate or graduate student.

This scholarship provides funding for full in-state and partial out-of-state tuition and fees to qualified students for the duration of their degree program. In addition to tuition, supplemental support funds may include (but are not limited to) transportation, child care, housing, personal care assistance, adaptive equipment, books and/or assistive technology. The total amount awarded varies by student.

Minimum Eligibility Criteria

- Currently enrolled at the University of Oregon full-time pursuing an undergraduate, master’s, doctoral or law degree or admitted for Fall 2022. In some cases students registered less than full-time may be eligible, but approval from AEC is required.

- Cumulative GPA of 2.5 and above for Undergraduate and Law; Min. 3.0 GPA for Graduate students.

- To be eligible to apply, students must have a spinal cord injury and be registered with AEC as a student with a disability (documentation on file). Incoming students or university applicants not already registered with AEC should schedule an appointment prior to the scholarship application deadline to begin the process to determine eligibility. To schedule an initial appointment, contact AEC at uoaec@uoregon.edu or (541) 346-1155.

*Only students with neurological and functional impairment due to traumatic SCI, degenerative disease primary to the spinal cord, (i.e. transverse myelitis) or damage to the spinal cord due to tumors and surgery are eligible for support through this program.

Applicant Information

Name: ________________________________________________________________

Address: __________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Phone (______) _____________________

Student ID #: __________________________________________________________________

UO Email: __________________________________________________________________

Do you have a diagnosed Spinal Cord Injury? Yes _____ No _____
What is your Spinal Cord Damage, Cause, Level? Example: (SCI/L4, tetraplegia C5)

________________________________________________________________________

Course of Study/Major: __________________________________________________________

Check one: [ ] Undergraduate Student [ ] Graduate Student [ ] Law Student

Projected remaining years/terms of enrollment at UO (including 2022-2023):

________________________________________________________________________

Are you registered with Accessible Education Center? Yes ______ No ______

State/Country of residency: ________________________________________________

US Citizen [ ] Yes [ ] No

Plan on living on-campus or off-campus for 2022-2023 school year: ______________

**Personal Statement:** Provide a statement describing your personal, educational, and long term goals and how this scholarship would support your goals and address financial need (max. 500 words).

**Estimated Tuition Cost per term:**

In State: __________ Out of state: __________

**Estimated Supplemental Support expenses per academic term:**

Books and Supplies: $___________

Assistive Technology: $___________

Transportation, (Parking Permit, ADA Placard, etc): $___________

Mobility Equipment: $___________

Child care: $___________

Personal Care Assistant: $_________

    How many hours per week: _________ Hourly Rate: $_________

I authorize the University of Oregon to release my academic and financial aid information and my completed application to the CHNF scholarship program. All of the information provided with the submission of this application is true and complete to the best of my knowledge.

________________________________________________________________________

Applicant Signature ___________________________ Date _________________________