

## Through the Looking Glass 2012 Scholarship Application

Please fill out this information as legibly as possible. Illegible answers will jeopardize your scholarship chances.

### PART 1 of 5

### CONSENT FORM

Please read the following consent form. You must sign the Consent Form and include this when mailing your completed application to Through the Looking Glass. If you are under age 18, a parent or guardian must also sign the form.

#### *SCHOLARSHIP REVIEW*

*I certify that the information on this application is true and correct to the best of my knowledge, and I give my permission for the information in my Scholarship Application to be shared with Through the Looking Glass' Scholarship Committee. I also release to Through the Looking Glass the right to use my name, autobiographical essay and other information submitted in this application for Through the Looking Glass publications, reports and press releases.*

*I understand that it is my responsibility to report any scholarship money that exceeds college costs as earned income on my Federal Income Tax Return.*

#### *RESEARCH STUDY*

*The information you submit in this application is also part of a national research study on young adult children of parents with disabilities. This study is being conducted by Through the Looking Glass (TLG), a non-profit organization focused on families with disabilities. As part of the research study, you will also be asked to fill out an optional survey after you have submitted the scholarship application. Your name and identifying information will never be included in any publications that result from this study. Your scholarship chances will not be affected whether or not you choose to fill out the survey.*

#### *Confidentiality*

*The Scholarship Committee will not have access to the questions asked on the optional survey. Only the researchers at Through the Looking Glass who are involved in this study will have access to the survey information. Your online survey answers will be encrypted, and all survey information will be kept in locked files at Through the Looking Glass. Any research publications based on the scholarship application and the survey responses will not reveal the identity of the research participants.*

#### *Benefits*

*Your participation in this scholarship program and in the optional survey may contribute to new knowledge that reflects the perspectives of young adults who were raised by parents with disabilities. This new knowledge can promote better understanding and resources for the millions of families of parents with disabilities.*

**Risks**

*The major risk associated with your participation in this study is that some of the questions might be uncomfortable or stressful for you. You may choose not to answer any optional questions that cause distress or seem to be an invasion of privacy.*

**Limits to Confidentiality**

*If any information is brought to the attention of the project staff that leads them to think that you might be at risk of significant harm to yourself, may harm someone else, or there is a reasonable suspicion of child, elder, or dependent adult abuse, they are required by law to report this information, including your name, to the appropriate authorities.*

**Questions**

*There is an FAQ page on our website [www.lookingglass.org](http://www.lookingglass.org) about these scholarships and research study. If you have additional questions about this research study, you may contact TLG’s Associate Director **Dr. Paul Preston** at [ppreston@lookingglass.org](mailto:ppreston@lookingglass.org). You may also contact the Human Participants’ Committee Chair, **Dr. Alice Nemon** at [scholarships@lookingglass.org](mailto:scholarships@lookingglass.org).*

**WRITTEN CONSENT: ALL APPLICANTS MUST COMPLETE THIS**

\_\_\_\_\_  
**Your Name (Print or Type)**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Your parent or guardian’s signature if you are under age 18**

\_\_\_\_\_  
Date

I am also willing to participate in an optional national survey of young adults who have a parent with a disability. If you have previously applied for a scholarship and have taken the survey, please do not take the survey again.

**I understand that my participation will not affect my scholarship chances. I also understand that my survey answers are confidential and will only be available to the researchers at Through the Looking Glass.**

- PLEASE CHECK ONE:**
- Yes**, I would like to take the optional survey.
  - No**, I prefer not to take the optional survey.
  - I already took the survey in a previous year.

*TLG Consent Form, expires December 31, 2012*

**PART 2 of 5. SCHOLARSHIP APPLICANT INFORMATION**

**ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING. IF YOU ARE FILLING THIS OUT BY HAND, PLEASE MAKE SURE YOUR ANSWERS ARE LEGIBLE.**

**Your age, gender, race, whether or not you also have a disability, or if you have previously applied will not affect your scholarship chances.**

Name: First Name \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

*If your email address changes after you have submitted the application, please let us know as this is the main way we will let you know about the status of your application. If you do not have an email address, provide a telephone number so we can contact you.*

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Sex:  Female  Male

Did you previously apply for a TLG Scholarship?  Yes  No

*The next two optional questions will not affect your scholarship chances, and are used only to track our outreach efforts at reaching diverse applicants.*

Are you of Hispanic, Latino, or Spanish origin? (Choose one)

No, not of Hispanic, Latino or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Hispanic, Latino or Spanish origin

What is your Race? Please check as many as apply:

Black/African American  Asian/Asian American  White

American Indian or Alaska Native  Pacific Islander  Other Race \_\_\_\_\_

Are you currently (Choose one):

Graduating High School Senior, planning to attend college

Currently attending college

**High School Seniors only:**

Month and year of graduation from high school: Month\_\_\_\_\_ Year\_\_\_\_\_

What college/university do you plan to attend?

\_\_\_\_\_

*Name of school*

\_\_\_\_\_

*School location city/state*

\*\*\*\*\*

**Current College Students only:**

What college/university are you attending?

\_\_\_\_\_

*Name of school*

\_\_\_\_\_

*School location city/state*

What is your current major?\_\_\_\_\_

How many years have you been in college? [1, 2, 3, 4, more than 4?]

**OPTIONAL: Financial Hardship**

If your family is having extreme financial hardship and meets Federal Guidelines for poverty, please check the box below if you wish to have Financial Need considered along with other scholarship criteria. The Federal Guidelines for Poverty level for a family of your size can be found at this website: <http://aspe.hhs.gov/poverty/11poverty.shtml> Please note that at least 10 of our 15 annual scholarships do not consider Financial Need along with other criteria.

**\_\_\_ My family is living in poverty, and I would like to have Financial Hardship considered as part of my Scholarship Application.**

*You do not need to submit proof of your family's poverty level now. If you are selected as a semi-finalist for the five scholarships that consider financial need, we will contact you to ask for proof of your family's poverty level. This could be an Income Tax Return or a letter showing that your family is receiving public assistance. This information will be kept confidential and will not be disclosed to anyone outside of the scholarship review committee.*

**HIGH SCHOOL SENIORS AND COLLEGE STUDENTS, PLEASE ANSWER THE QUESTIONS IN THE NEXT TWO SECTIONS. (You can attach additional pages.)**

**Disability Information**

This scholarship is for those who have at least one parent with a physical, sensory, intellectual, medical or mental health disability. Please tell us which parent has a disability and also what is the health condition, disease, disorder or injury that contributes to your parent's disability (e.g., spinal cord injury, Multiple Sclerosis, deafness, schizophrenia, diabetes, retinitis pigmentosa). **If both of your parents have a disability, first choose the parent whose disability has had the greatest impact on your life, then answer the same questions about your other parent:**

Who is the parent with a disability? (e.g., Mother, Father, Step-Mother)\_\_\_\_\_

What is the primary health condition, disease, disorder or injury that contributes to your parent's disability?\_\_\_\_\_

Does this parent have any additional health conditions, diseases, disorders or injuries that contribute to your parent's disability? If so, please list them here\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you also have a second parent who has a disability please answer the next questions about your other parent:

Who is the second parent with a disability? (e.g., Mother, Father, Step-Mother)\_\_\_\_\_

What is the primary health condition, disease, disorder or injury that contributes to your other parent's disability?\_\_\_\_\_

Does this parent have any additional health conditions, diseases, disorders or injuries that contribute to this parent's disability? If so, please list them here\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you also have a disability or disabilities, please identify any health condition, disease, disorder or injury that contributes to your disability (e.g., ADHD, epilepsy, asthma)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL AND COMMUNITY ACTIVITIES OVER THE PAST TWO YEARS:**

*Include paid and volunteer activities, hobbies, organizational memberships, special projects, etc.*

Organization                      Your involvement/role                      Dates involved

**AWARDS AND HONORS RECEIVED OVER THE PAST TWO YEARS:**

Include academic and non-academic awards received such as scholarships, prizes, trophies, publications, etc.

Honor Received                      Awarded by                      Date Awarded

How did you hear about this scholarship competition? (Please check as many as apply.)

- Internet search
- Internet site (which one?) \_\_\_\_\_
- Scholarship directory
- School counselor, teacher or administrator
- Disability organization or agency
- Friend
- Parent or relative
- Newspaper article or story
- Other \_\_\_\_\_

### **PART 3 of 5. ESSAY**

Please submit a paper copy and an electronic copy of a double-spaced typed autobiographical essay that describes your experience or the impact of growing up with a parent with a disability. The essay's maximum length is 3 pages (~750 words). **Please use one inch margins all around and Times New Roman 12 point font is preferred. Also, read through our FAQs on our scholarship webpage [www.lookingglass.org/scholarships](http://www.lookingglass.org/scholarships) for additional suggestions to make your essay stronger. You will also need to email your essay to Through the Looking Glass at [scholarships@lookingglass.org](mailto:scholarships@lookingglass.org) Please email your essay using the same email address that you gave in Part 2 of the Application form.**

### **PART 4 of 5: SCHOOL TRANSCRIPTS**

Please include your official high school or college transcripts along with the other scholarship application materials. If you are a college student, you only need to include your college transcripts.

### **PART 5 of 5: LETTER OF RECOMMENDATION**

Please include one letter of recommendation along with the other scholarship application materials. A Letter-of-Recommendation form follows this page. The letter should not be from a parent or relative.

**PLEASE NOTE: All application materials (consent form, application form, essay, transcripts, and 1 letter of recommendation) must be included in one envelope and postmarked by Monday March 5, 2012.**

### **MAIL TO:**

**Scholarship Committee  
Through the Looking Glass  
3075 Adeline Street, Suite 120  
Berkeley, CA 94703**

**After you have mailed your application materials, don't forget to also email your essay to [scholarships@lookingglass.org](mailto:scholarships@lookingglass.org) Review Step 4 under PROCEDURES about how to do this. When we receive your mailed application packet and your emailed essay, we will let you know that we have received all the materials necessary for your scholarship application. At that time, we will also email you instructions for filling out the optional survey online.**

**THROUGH THE LOOKING GLASS SCHOLARSHIP**  
**Letter of Recommendation**

Through the Looking Glass is pleased to announce college scholarships specifically for high school seniors or college students who have parents with disabilities. To be eligible, a high school student must be a high school graduate (or graduating senior) by Summer 2012 and have at least one parent with a disability. A college student must be a currently enrolled college student, be 21 years of age or younger and have at least one parent with a disability. Scholarship awards of \$1000 each will be given out in Fall 2012.

Your name \_\_\_\_\_

Your contact information (phone or email) \_\_\_\_\_

Student's Name \_\_\_\_\_

How do you know this applicant? \_\_\_\_\_

Please describe what you know of the above student's capabilities. Include such items as attitude, initiative, academic achievements, character and personal attributes. You may use your own format, but please include the above information. You may also attach additional pages. **Please return this letter to the student. The student must submit all materials including this letter of recommendation by March 5, 2012.**