2016 THROUGH THE LOOKING GLASS SCHOLARSHIP
ANNOUNCEMENT AND APPLICATION

Through the Looking Glass and its National Center for Parents with Disabilities and their Families are pleased to announce new scholarships specifically for high school seniors or college students who have parents with disabilities. A total of fifteen $1000 scholarships will be given out Fall 2016. These scholarships are part of Through the Looking Glass’ National Center for Parents with Disabilities and their Families. There are separate eligibility requirements for high school seniors and for college students:

1. **High School Seniors.** To be eligible, a student must be a high school graduate (or graduating senior) by Summer 2016, have at least one parent with a disability, and be planning to attend an accredited technical or vocational school or a two- or four-year college in Fall 2016. Those planning to attend a two- or four-year college should be pursuing an AA, AS, BA or BS degree.

2. **College Students.** To be eligible, a student must be currently enrolled in an accredited technical or vocational school or a two- or four-year college with continued enrollment through Fall 2016, have at least one parent with a disability, and be 21 years of age or younger as of March 1, 2016. Those enrolled in a two- or four-year college should be pursuing an AA, AS, BA or BS degree.

All application materials must be postmarked by March 1, 2016. Individuals may submit only one application per award period.

Selection criteria for all scholarships include academic performance, community activities and service, letter of recommendation and an essay describing the experience of growing up with a parent with a disability. Five of the fifteen 2016 scholarships will also consider extreme financial hardship (poverty level) in addition to the above criteria. Please read the Financial Need section on the Application Form if you wish to be considered for one of the five scholarships that also consider financial need.

These Scholarships are also part of a research study on young adult children of parents with disabilities. As explained in the Consent Form below, you may be willing to participate in an optional survey about young adult children of parents with disabilities. The additional information you submit on this survey will not affect your scholarship chances and will not be disclosed to anyone outside the project researchers; all identifying information will be removed. If you consent to participate in this optional survey, we will email you the survey after we have received your completed application. Thus far, over 2,000 students have taken this confidential survey. Please consider contributing to this important national study as your responses will really help us out!

If you have previously applied for this scholarship and still meet eligibility requirements, you may apply for the 2016 scholarships. Please note that you must complete the new 2016 application form. Also, although we will accept previously submitted essays, we encourage everyone to submit original essays.
APPLICATION FORM AND PROCEDURES

All application materials must be completed and postmarked by Tuesday, March 1, 2016. Please read and follow all guidelines. Your application will be disqualified if you omit required information or ignore instructions. We encourage you to read through our FAQs on our scholarship webpage www.lookingglass.org/scholarships before you begin the application. The FAQs answer many common questions as well as offer suggestions to help make your application stronger.

PROCEDURES: 5 STEPS

STEP 1.
✓ Go to our website www.lookingglass.org/scholarship and download the complete Application form. The Application Form has Five Parts: (1) Consent Form, (2) Scholarship Application Questions, (3) your Essay, (4) Request for School Transcripts, (5) one Letter of Recommendation form.

STEP 2.
✓ Complete all five required parts of the Application Form. You can use Adobe Acrobat to fill out Part 2 (Scholarship Questions) and then print it out; or, you can print out the form and fill it in by hand or typewriter. Incomplete or illegible applications will be disqualified.

STEP 3.
You will need to mail us all of the following in one envelope, preferably 9” x 12”.
✓ a) Consent form signed by you. If you are under 18, you must also have a parent sign the form as well. We will not consider any applications that are not accompanied by a signed consent form.
✓ b) Completed scholarship application questions.
✓ c) A maximum 3 page (~750 words) autobiographical essay on the impact of growing up with a parent with a disability. Please note that we are also asking you to email your essay to us (see Step 4).
✓ d) Official high school or college transcript(s). If you are a college student, we only need your college transcript(s).
✓ e) One letter of recommendation (not from a parent or relative).

STEP 4
✓ In addition to mailing your application materials, please also email your essay to scholarships@lookingglass.org This will help facilitate reviewing your application. Use the same email address that you used on the application form. Attach the essay as a document in your email – do not paste the essay into the body of the email. Also, please put your full name in the subject line of the email, starting with your last name e.g., Smith, John Michael.

STEP 5
✓ Make sure you’ve included your email so we can let you know when we’ve received your completed application. At that time, if you have agreed to participate, you will receive an email from us with a link to our online survey.

All materials must be mailed and postmarked by Tuesday March 1, 2016 to:
Scholarship Committee, Through the Looking Glass, 3075 Adeline Street, Suite 120, Berkeley, CA 94703.

Previous scholarship winners, employees, former employees and Board Members of Through the Looking Glass and their families are not eligible for these scholarships.
Through the Looking Glass 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 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. You may also contact the Human Participants’ Committee Chair, Dr. Alice Nemon at 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, 2016
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 as many as apply)
__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 or technical/vocational school
Currently attending college or technical/vocational school

High School Seniors only:
Month and year of graduation from high school: Month_____ Year_______
What college/university or technical/vocational school do you plan to attend?

Name of school

School location city/state

Current College Students only:
What college/university or technical/vocational school 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/15poverty.cfm. 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
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 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 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 Tuesday March 1, 2016.

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 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 2016 and have at least one parent with a disability. A college or technical/vocational student must be currently enrolled, 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 November 2016.

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 1, 2016.