

2009 THROUGH THE LOOKING GLASS SCHOLARSHIP ANNOUNCEMENT AND APPLICATION PROCEDURES

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 and college students who have parents with disabilities. These scholarships are part of Through the Looking Glass' new federal grant ([New National Center for Parents with Disabilities and their Families](#)). Please note that these are new awards and have different application procedures than in the past. There are two separate scholarship awards, and each has separate eligibility requirements:

1. **High School Seniors.** To be eligible, a student must be a high school graduate (or graduating senior) by Summer 2009, planning to attend college in Fall 2009 and have at least one parent with a disability. Five separate \$1000 awards will be given out in Fall 2009. Individuals may submit only one application per award period.

2. **College Students.** To be eligible, a student must be currently enrolled in a college or university, be 21 years of age or younger as of March 16, 2009, and have at least one parent with a disability. Five separate \$1000 awards will be given out in Fall 2009. Individuals may submit only one application per award period.

Selection criteria for all scholarships include academic performance, community activities and service, letters of recommendation and an essay describing the experience of growing up with a parent with a disability.

*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.*

APPLICATION PROCEDURE

All application materials must be completed by Monday March 16, 2009. If you still have questions, please see our FAQ on our scholarship webpage www.lookingglass.org/scholarships for additional information.

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, and (5) two Letters of Recommendation forms.

STEP 2.

- ✓ Complete all five 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 in by hand or typewriter. Incomplete applications will not be considered.

STEP 3.

You will need to mail us all of the following **in one envelope**:

- ✓ 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).
- ✓ e) 2 letters 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 Use the same email address that you used on the application form, and make sure the email includes your name. This will help facilitate reviewing your application. You can attach the essay as a document in your email, or you can put the essay text directly in the body of the email.

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 March 16, 2009 to:

**Scholarship Committee, Through the Looking Glass, 2198 Sixth Street, Suite 100,
Berkeley, CA 94710.**

**Previous scholarship winners, and 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 before mailing this application form 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 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 women and men 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 **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

Your Name (Print or Type)

Your Signature

Date

Your parent or guardian's signature if you are under age 18

Date

PLEASE CHECK ONE: Yes No

I am also willing to participate in an optional survey of young adults who have a parent with a disability. I understand that my participation will not affect my scholarship chances. I also understand that my survey answers are confidential and will only available to the researchers at Through the Looking Glass.

PART 2 of 5. SCHOLARSHIP APPLICATION QUESTIONS

PLEASE COMPLETE THE FOLLOWING INFORMATION

Name: First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone No. () _____

E-mail: _____

Please make sure we have your email address so we can notify you when your application packet is received. If you have agreed to participate in our optional survey, the link to the online survey will be sent to you at that time. If you do not have an email address, please make sure we have your telephone number so we can contact you.

Birthdate: Month _____ Day _____ Year _____

Sex: __Female __Male

Please identify which parent has a disability, and describe what the disability or medical condition is. If both parents have disabilities, please indicate this. *(Examples: My mother is deaf. My father has a spinal cord injury. My step- mother has bipolar disorder and also has a heart condition. Both of my parents are partially-sighted.)*

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

HIGH SCHOOL SENIORS AND COLLEGE STUDENTS, PLEASE ANSWER THE REMAINING QUESTIONS ON THIS PAGE. (You can attach additional pages.)

SCHOOL AND COMMUNITY ACTIVITIES:

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

Organization Your involvement/role Dates involved

AWARDS AND HONORS RECEIVED:

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?

- 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 attach a maximum 3 page (~750 word) autobiographical essay that describes your experience or the impact of growing up with a parent with a disability. Please double space your essay. Your essay MUST be typed or printed out. 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 official transcript(s) of all your high school or college academic records along with the other scholarship application materials (signed consent form, application form, essay, and 2 letters of recommendation).

PART 5 of 5: LETTERS OF RECOMMENDATION

Please include two separate letters of recommendation along with the other scholarship application materials (signed consent form, application form, essay, and transcripts). Two Letter-of-Recommendation forms follow this page. Neither letter should be from a parent or relative.

PLEASE NOTE: All application materials (consent form, application form, essay, transcripts, and 2 letters of recommendation) must be included in one envelope and postmarked by March 16, 2009.

MAIL TO:

**Scholarship Committee
Through the Looking Glass
2198 Sixth Street, Suite 100
Berkeley, CA 94710**

After you have mailed your application materials, don't forget to also email your essay to scholarships@lookingglass.org 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 how to fill out the optional survey online.

THROUGH THE LOOKING GLASS SCHOLARSHIP
Letter of Recommendation

Through the Looking Glass is pleased to announce new 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 2009 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 2009.

Your name _____

Applicant'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 16, 2009.**

THROUGH THE LOOKING GLASS SCHOLARSHIP
Letter of Recommendation

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Your name _____

Applicant'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 16, 2009.**