**SHELLEY BERGUM HIGHER EDUCATION SCHOLARSHIP**

**Purpose**

The goal of the Shelley Bergum Higher Education Scholarship is to support individuals with disabilities to pursue an Associate or Bachelor’s Degree at a higher education institution in California. Two scholarships of $2,500 each will be awarded annually. Current awardees will be encouraged to reapply each year until the course of study is completed.

**Shelley Bergum Biography**

Shelley Jean Bergum, born in 1953 in Billings, Montana, was an activist and leader in the Bay Area disability community. At the age of 24 she sustained a spinal cord injury from a broken back in a car accident and became a wheelchair user while teaching junior high level special education in Newport, Oregon in 1977. She relocated to Berkeley, California in 1979, and over the following 30+ years served in various disability-related professional positions that impacted the disability community on a local, state, and national level. She also served on numerous Boards of Directors and advisory committees representing disability community issues. In 2002, she was one of the original founders of the [California Communications Access Foundation (CCAF)](http://ccaf.us/About%20Us.html), a non-profit corporation that specializes in improving access to communication for people with disabilities. In 2011, with the CCAF Board of Directors, Shelley Bergum established a grantmaking program to support non-profit organizations in California that assist people with disabilities to communicate and access information, the [Disability Communications Fund (DCF)](http://dcfund.us/). She died on January 7, 2016 following a two-year illness.

**Application Instructions**

□ Complete all sections of the Application using a computer or typewriter, and collect all required documents. Handwritten documents will not be accepted.

□ Email all application documents to [scholarships@eastbaycf.org](mailto:scholarships@eastbaycf.org). All required forms should be attached to ***one*** email. Be sure to sign & date the application form.

□ Letter of recommendation must be submitted separately, by Recommender, to [scholarships@eastbaycf.org](mailto:scholarships@eastbaycf.org). (Form attached)

All materials must be received by ***March 23, 2018***.

**Application Checklist** *NOTE: Late or incomplete applications* ***will not*** *be reviewed.*

□ Application Form

□ Current transcript (official or unofficial)

□ One of the following:

* current Individual Education Plan (IEP), ***copy of*** ***first page summary only***
* a 504 plan, or
* a Summary of Performance (SOP), or
* proof of being eligible for disability accommodations at the university or college you apply to attend. (e.g. from Disabled Student Program)

□ Student essay (1-2 pages; double spaced, Arial 12pt font)

□ Signed Permission to Publicize Agreement

□ One (1) letter of recommendation; submitted separately by Recommender (Form attached)

**SHELLEY BERGUM HIGHER EDUCATION SCHOLARSHIP**

**Application**

**Personal Information**

Full Name:

Date of Birth: Email:

Permanent Address:

City: State: \_ Zip: \_

Home Phone: ( ) Cell phone: ( )

**Current School**

School Name:

City: Expected Date of Graduation: \_

Counselor’s Name: Phone: ( ) \_\_\_\_\_\_\_

Counselor’s Email:

**Academic Information**

Cumulative GPA:

**Prospective School & Course of Study**

Prospective School:

Course of Study (Major and Degree):

Start Date: Expected Date of Graduation:

**Short Answer Question #1 (maximum 700 characters)(10% of score)**

Please talk about your intended academic plans and field of specialization. Tell us why you want to pursue this area.

**Short Answer Question #2 (maximum 700 characters)(10% of score)**

Please share with us any financial challenges or hardships you have faced, how you dealt with them, and to what extent finances will be a challenge during college.

**Essay (50% of score: content and writing skills)**

On a separate, 1-2 page document, please address all of the following topics in essay form:

* Describe a time you faced a significant challenge. What did you learn?
* Explain how this experience has informed your academic and career interests.
* Space permitting, you may tell us about any noteworthy experiences and achievements.

**Permission to Publicize**

By signing this form you hereby grant the East Bay Community Foundation and the California Communication Access Foundation the right to use your name and likeness in any corporate communication promoting the Shelley Bergum Higher Education Scholarship. EBCF and CCAF agree not to use your name or your company affiliation except to identify and publicize your participation in the scholarship program sponsored by EBCF.

You also grant EBCF and CCAF the right to reproduce and distribute any materials submitted in conjunction with the application.

You hereby attest that the materials submitted by you are original with you, and that the materials do not infringe any copyright or other rights in any other work.

Name: (Print)

Signature: Date:

If under the age of 18, Parent/Guardian signature required:

Name: (Print)

Signature: Date:

**SHELLEY BERGUM HIGHER EDUCATION SCHOLARSHIP**

**Letter of Recommendation**

**Instructions to Student**

1. Complete your information in the box below.
2. Give this form to a teacher, counselor, or supervisor who has known you *for at least 2 years* and can write about your strengths in detail.The letter of recommendation counts for 30% of the application score.

|  |
| --- |
| Student’s Full Name  Student’s Date of Birth |

**Instructions to Recommender**

The student named above is applying for the Shelley Bergum Higher Education Scholarship. Two awards of $2,500 each are given annually to support individuals with a disability to pursue an Associate or Bachelor’s Degree at a higher education institution in California.

Please complete this form **and** attach a 1 page letter addressing this student’s academic ability as well as personal characteristics and strengths. Please be detailed and specific in your comments. The letter of recommendation counts for 30% of the application score.

Name:

Title:

School: \_

Phone: ( ) Email:

Signature: \_ Date:

Submit this form and your 1 page letter to [scholarships@eastbaycf.org](mailto:scholarships@eastbaycf.org) no later than

**March 23, 2018**.

Questions can also be emailed to [scholarships@eastbaycf.org](mailto:scholarships@eastbaycf.org).