

Scholarship Application for Students with Disabilities

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Scholarship Committee Name]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear Members of the Scholarship Committee,

I am writing to apply for the [Name of Scholarship] as a student with a disability pursuing [Your Degree/Field of Study] at [Your School]. As an individual with [brief description of your disability], I have faced unique challenges throughout my educational journey, but I have also cultivated resilience and determination to succeed.

Despite the obstacles, I have maintained a [your GPA] GPA and have been actively involved in [mention any extracurricular activities, volunteer work, or leadership roles]. My commitment to my education and community fuels my passion to achieve my career goals, which include [mention your career goals].

This scholarship would significantly alleviate the financial burden on my family and enable me to focus more on my studies and less on financial constraints. It would provide me with the resources necessary to [mention how it would help you, such as purchasing books, technology, or other educational expenses].

Thank you for considering my application for the [Name of Scholarship]. I look forward to the opportunity to contribute positively to my community as a future professional in [Your Field].

Sincerely,

[Your Name]