



REGINA A. FIGUEROA MEMORIAL SCHOLARSHIP

MAY 2 – JUNE 17, 2011

Introduction

The New York City Housing Authority (NYCHA) is committed to supporting our residents by offering opportunities to further their education and make a difference for themselves, their families and their communities. Established in 2011, the ***Regina A. Figueroa Memorial Scholarship*** is being offered as part of the NYCHA-CUNY Resident Scholarship Program, which encourages residents to attend and remain in college by providing vital financial assistance that can be used to defray college-related expenses.

The ***Regina A. Figueroa Memorial Scholarship*** annually awards \$1,000 scholarships to qualifying public housing residents with disabilities who are enrolled in City University of New York (CUNY) senior and community colleges.

Eligibility Requirements

Scholarship applicants must:

- ✓ Be an authorized NYCHA resident
- ✓ Be a sophomore, junior or senior student enrolled full-time in a CUNY Associate or Baccalaureate degree program
- ✓ Have a minimum 3.0 GPA
- ✓ Demonstrate financial need
- ✓ Submit a 500-word autobiographical essay
- ✓ Have a documented disability

Application Process

Please review the following application instructions carefully. Incomplete application packages that do not meet the requirements will not be considered. If you have questions or need assistance, contact NYCHA's Department of Communications at 212-306-3322.

Application packages will be available at NYCHA Property Management Offices, and Community Centers. The application packages can also be downloaded from NYCHA's website: nyc.gov/nychacunyscholarship. Applications must be completed and postmarked or faxed no later than **June 17, 2011**.



NYCHA-CUNY RESIDENT SCHOLARSHIP PROGRAM APPLICATION



REGINA A. FIGUEROA MEMORIAL SCHOLARSHIP

MAY 2 – JUNE 17, 2011

Mail completed application to:

NYCHA-CUNY Resident Scholarship Program
Regina A. Figueroa Memorial Scholarship
Attn: Ian James
The City University of New York
535 East 80 Street, 7th Floor
New York, NY 10075
or fax to: (212) 794-5724

Documentation Requirements

All* participants are required to submit the following as part of the application package:

- Proof of NYCHA residency (e.g., Lease Addendum)
- Proof of college enrollment (e.g., copy of college transcript unofficial transcripts will be accepted)
- Proof of financial need (e.g. copy of Student Aid Report)
- 500-word autobiographical essay
- Proof of disability* (e.g. Provide documentation of the nature and/or extent of a disability. The disability must be in one or more of the following classifications: hearing impairment, physical impairment; specific learning disability; speech/language impairment; visual impairment; or other impairment. Appropriate documentation includes, but is not limited to, either a recent psychological evaluation used to determine eligibility for exceptional student services, school/medical records, or a Vocational Rehabilitation eligibility determination. Documentation provided must meet the guidelines required by the institution in which the student is enrolled.)

Selection Process/Interview

The NYCHA-CUNY Resident Scholarship Program Selection Committee, which is comprised of representatives from NYCHA and CUNY will screen all application packages and will select eligible applicants. NYCHA residency, disability documentation and a Grade Point Average of 3.0 or higher will be verified at the time selection.

Students who are selected as Scholarship recipients will be notified during the summer of 2011. Scholarships will be awarded at a ceremony in September 2011.

Award Amount

Regina A. Figueroa Memorial Scholarship for students with disabilities: \$1,000



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PLEASE TYPE/PRINT ALL ANSWERS

First Name Middle Initial Last name

Address Apt. # City State Zip

Home Phone Cell phone E-mail address

NYCHA Development Name
(Please attach a letter from your Property Management office verifying your NYCHA residency)

Name of NYCHA Lease Holder Relationship to Lease Holder

Gender

Ethnic Origin (check one*):

Alaskan Native Asian Black (non-Hispanic)

American Indian Hispanic White (non-Hispanic)

Pacific Islander

(*Failure to disclose your ethnic origin will not disqualify your application)



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DISABILITY

In addition to providing documentation that describes the nature and/or extent of your disability, please check all disabling condition(s) that apply:

_____ **Deaf/Hard of Hearing.** A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 hertz (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensor neural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

_____ **Speech/Language Disabilities.** Disabilities of language, articulation, fluency, or voice that interfere with communication in academic settings, employment preparation/training or social interaction on campus. Examples include, but are not limited to, cleft lip or palate with speech disabilities, stammering, stuttering, laryngectomy, and aphasia.

_____ **Blind or Low Vision.** Disabilities in the structure and function of the eyes as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, a peripheral field so constricted that it affects one's ability to function in an educational setting, or a progressive loss of vision that may affect one's ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.

_____ **Orthopedic Disability.** A disability of the musculoskeletal system, connective tissue, or neuromuscular system. Examples include, but are not limited to, cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand or arm, cardiovascular aneurysm (CVA), head injury or spinal cord injury, arthritis or rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disabilities pertaining to muscles or nerves, usually as a result of disease or birth defect, including, but not limited to, muscular dystrophy and congenital disorders.

_____ **Specific Learning Disability.** A disability in one or more psychological or neurological processes involved in understanding or using spoken or written language. Learning disabilities may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological processes.



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Such disabilities do not include learning problems that are due primarily to visual, hearing, or motor disabilities, to intellectual disabilities, to psychiatric or emotional disabilities or to an environmental deprivation.

___ **Psychological, Emotional, or Behavioral Disability.** Any mental or psychological disability including, but not limited to, organic brain syndrome, emotional or mental illness, or attention deficit disorders.

___ **Autism Spectrum Disorder.** Disabilities characterized by an uneven development profile and a pattern of qualitative impairments in social interaction, communication difficulties, and the presence of restricted repetitive or stereotyped patterns of behavior, interests, and activities. These characteristics may manifest in a variety of combinations and range from mild to severe.

___ **Traumatic Brain Injury.** An injury to the brain, not of a degenerative or congenital nature but caused by an external force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive ability or physical ability and functioning.

___ **Other Health Disabilities.** Any disability not identified in this subsection, except documented intellectual disability, deemed by a disability professional to make completion of the requirement impossible.



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CERTIFICATION

I certify that all of the information I have provided in this application and in the supporting documents is true and accurate.

Print Name _____

Signature _____

Date _____

A complete application package must include the following:

- Proof of NYCHA residency (e.g., Lease Addendum)
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- Proof of financial need (e.g. copy of Student Aid Report)
- 500-word autobiographical essay
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Mail completed application by June 17, 2011 to:

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Attn: Ian James
The City University of New York
535 East 80 Street, 7th Floor
New York, NY 10075
or fax to: (212) 794-5724

**NYCHA-CUNY Resident Scholarship Program
Residency Verification**

Date:

Attn: Ian James
NYCHA-CUNY Resident Scholarship Program
The City University of New York
535 East 80th Street, 7th Floor
New York, NY 10075

Re: NYCHA-CUNY Resident Scholarship Program
Verification of Applicant's NYCHA Residency

Applicant's Name: _____

To the NYCHA-CUNY Scholarship Selection Committee:

This letter is written solely for the purpose of verifying authorized NYCHA residency in connection with a City University of New York scholarship application and may be relied upon for no other purpose.

The undersigned certifies that, as of the date of this letter,

_____ is an authorized resident of
(INSERT AUTHORIZED RESIDENT/SCHOLARSHIP APPLICANT'S NAME)

(INSERT NAME AND ADDRESS OF DEVELOPMENT)

Thank you for your attention to this matter.

Very truly yours,

Property Manager (signature)

Print Name: _____