PURPOSE and INFORMATION
The Daniel J. and Patrick M. Gallivan Scholarship provides financial support for undergraduate and graduate IU South Bend students who are either visually impaired or have other disabilities. The scholarship is awarded annually by a Scholarship Committee comprised of staff and faculty at IU South Bend as determined by the Office of Disability Support Services.

CRITERIA
TO apply, applicants must:
1. Be a current undergraduate at a Sophomore, Junior or Senior Level or a Graduate Student;
2. Have a record of academic performance as demonstrated by a minimum GPA of 3.0; and
3. Have a documented disability with the Office of Disability Support Services at IU South Bend – preference will first be given to students who are visually impaired; and
4. Be enrolled a minimum of 9 credit hours as an Undergraduate or 6 credit hours as a Graduate student each semester the award is received.

VALUE
Scholarship awards vary depending on the amount of funds available each year. The amount and number of awards will be determined annually by the review committee.

RENEWAL
Gallivan scholarships will be automatically renewed provided that the student continues to meet the GPA and course load requirements. However, you are required to resubmit the application form. You do not need to submit a statement.
INDIANA UNIVERSITY SOUTH BEND
2016-17 Daniel J. and Patrick M. Gallivan Scholarship Application
Due June 1, 2016

Name: ___________________________ Student ID #: ___________________________
Address: ___________________________ City: ___________________________
State: ______ Zip: _______ County: ______________ Telephone: ___________________________
E-mail: ___________________________
Current cumulative GPA: ____________ Credit Hours Completed at IUSB: ___________________________
Major: ____________________________ Expected College Graduation Date: ______________
Please indicate the number of credit hours in which you intend to enroll each of the following semesters:
Fall 2016: _______________ Spring 2017: _______________ Summer 2017: ___________________
Have you previously attended any other colleges/universities? (circle one)      Yes      No
If yes, please list the institution name, when attended and if any degree was obtained:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Please check the following statements when applicable:
_____ I have registered with the Office of Disability Student Services.
     Date: __________________
_____ I have a visual impairment.

Statement: On an attached page, please briefly describe: 1) your career goals and intended major; 2) why you need a Gallivan Scholarship and how it will assist you in reaching your educational and career goals; and 3) your time-frame for achieving your degree.

I certify that the information and statements made in this application are accurate and complete to the best of my knowledge. I give my express permission for the IU South Bend Office of the Registrar to provide an internal academic transcript and to the IU South Bend Office of Financial Aid and Scholarships to provide the results of my FAFSA for review by the Scholarship Review Committee according to the criteria established for the scholarship.

Signature: ___________________________ Date: ___________________________

Completed applications must be received by the IU South Bend Office Disability Support Services, Fine Arts Building, Room 110, 1700 Mishawaka Avenue, Post Office Box 7111, South Bend, Indiana 46634-7111, by June 1 each year.