The Dale M. Schoettler Scholarship for Visually Impaired Students was established in 1991 by Mr. Schoettler, who was a successful businessman from Mountain View, California and blind the last eight years of his life.

Thirty-nine (39) scholarships of $10,000 each will be awarded for the 2021-2022 academic year.

Applicants must:

- Currently have a minimum cumulative GPA of 2.8 on a 4.0 scale and must maintain a minimum GPA of 2.8 on a 4.0 scale during the academic year in which the award is received.
- Be currently enrolled in 6.1 units or more as a CSU undergraduate or graduate student in any major field and must remain enrolled in 6.1 units or more during the academic year in which the award is received.
- Have a visual disability and provide verification from a medical health professional, which includes the best corrected visual acuity notations. (Please note that the disability must be such that it impedes the educational process and necessitates accommodations, support services, or programs.)

Applications are available through the Disability Programs and Resource Center (DPRC)

Financial Aid Offices should provide information about the availability of this scholarship to the Disabled Student Services Office. Each campus may nominate as many candidates as they would like for consideration for the scholarships. Students who have previously been nominated and/or awarded the Schoettler scholarship may continue to apply each year they meet the qualifications.

Completed applications submitted by the campus Fellowships Office to the CSU Foundation must include the following:

- Scholarship Applicant Information form
- Medical health professional’s verification of visual disability, which includes the best corrected visual acuity notations using the “Confirmation of Visual Disability” form
- A brief Personal Statement describing their background, personal achievements, challenges they have encountered, educational pursuits and goals and aspirations for the future
- A completed Application Checklist
APPLICATION CHECKLIST
(Please make sure that all items are completed and verified before the application packet is submitted to the CSU Foundation)

DALE M. SCHOETTLER SCHOLARSHIP
FOR VISUALLY IMPAIRED STUDENTS

<table>
<thead>
<tr>
<th>Application Item</th>
<th>Completed</th>
<th>Verified by (Initial)</th>
</tr>
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<tbody>
<tr>
<td>Applicant Information Form</td>
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<td>Financial Aid</td>
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<td>Scholarship Coordinator</td>
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<tr>
<td>Personal Statement</td>
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<td>Financial Aid</td>
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<tr>
<td>(see Fact Sheet for specific details)</td>
<td></td>
<td>Scholarship Coordinator</td>
</tr>
</tbody>
</table>

Each application and checklist must be attached as one PDF and e-mailed to the DPRC.

Please do not send physical files.

Applications are accepted on a year-round basis.
APPLICANT INFORMATION 2021-2022
(Please type or print carefully in capital letters)

SCHOLARSHIP TITLE: __________________________________________

Name: ____________________________________________ Student Identification Number: ______________________

Current Address: __________________________________________

City: ___________________ State: ___________ Zip: ___________

Permanent Address: __________________________________________

City: ___________________ State: ___________ Zip: ___________

Preferred Mailing Address: □ Current □ Permanent

Telephone Number: ___________________ Alt. Telephone Number: ___________________

E-mail Address: __________________________________________

CSU Campus currently enrolled in: __________________________________________

Number of class units you anticipate taking in academic year:

first quarter/semester: __________ second quarter/semester: __________ third quarter: __________ summer session: __________

Major: ___________________________ STEM Major? □ Yes □ No

Anticipated Graduation Date: __________________________

Graduate Student GPA: __________ Undergraduate Student GPA: __________ Cumulative GPA: __________

US Military Veteran: □ Yes □ No □ Currently Serving

Are you receiving any private scholarships? □ Yes □ No

ACCEPTANCE OF SCHOLARSHIP TERMS

□ By submitting this application, I certify that the information is complete and accurate. I understand that scholarships may be
denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate. I understand that I
must meet all award requirements at the time funds are distributed to me. I authorize the CSU to share my application with reviewers to
complete the selection process. In the event that I am selected, I further authorize the CSU to publicize my selection and conduct research
related to my future employment. I agree to adhere to all scholarship terms and guidelines as set forth by the California State University
Foundation in the 2018-2019 scholarship criterion which includes the requirement that I remain a student in good standing during the entire
academic year.

I further agree to repay any scholarship funds as requested by the California State University Foundation on behalf of the scholarship fund donor in
the event that I am unable to fulfill my academic commitment for any reason and to notify the Foundation in writing.

Date ___________________________
CONFIRMATION OF VISUAL DISABILITY

A disability shall mean a physical or mental impairment of an individual that limits one or more of the major life activities and requires either a record of such an impairment, or documentation of having been regarded as having such an impairment.

Visual Limitation: Blindness or partial sight to the degree that it impedes the educational process and necessitates accommodations, support services, or programs.

Consumer/Client/Patient:

Name:_____________________________________ Date of Birth:________________

Address: ___________________________________
___________________________________

Best Corrected vision:    OD (right eye) ____________      OS (left eye)_______________
                              OU (both eyes)___________

Visual Field (in degrees):_______________________
Specific eye condition(s):

Certifying Authority (please complete the following form only if patient is eligible based upon the definition of Visual Limitation above):

I certify that _____________________________ has a visual disability as specified above.

(Signed)_____________________________________(Date)_________________

(Title)___________________________________________

Print/type your name, profession, and address here: