(The application deadline is always the same as the AU Application Deadline)

Combined Scholarship Application

Debbie Nelson Scholarship (For all eligible students with disabilities)

Judge Oliver K. Mixon Scholarship (For eligible visually-impaired students)

FULL NAME _____
LAST FIRST MIDDLE STUDENT ID#

ADDRESS _____
NO. & STREET CITY GA ZIP

PHONE _____ MARITAL STATUS _____ DOB _____ SEX _____

1. DEGREE _____ MAJOR PROGRAM OF STUDY _____

   CURRENT GPA _____ DISABILITY _____

2. What courses do you plan to take next semester?

   _____ _____
   _____ _____

3. Anticipated Occupation/Profession _____

4. Family Yearly Income _____ Number of persons dependent upon this income _____

   Please list and explain _____
   _____
   _____

5. List all scholarships, grants, and loans, for which you have applied for this academic year, including amounts. You must complete a FAFSA form to be eligible for these scholarships. If you have already completed a FAFSA for Financial Aid, please indicate so below.

   _____

6. List all honors and achievements (past and present) _____
   _____

The signature below indicates that the information on this application is accurate and that I understand that I must re-apply for this scholarship each semester. I understand that the deadline to apply is always the same as the Augusta University application deadline each semester (at least one month prior to the first day of class).

Signed _____ Date _____

Returned completed form to:

Angie Baker, MS, EdS
Augusta University
Testing and Disability Services
1120 15th Street
Augusta, GA 30912