



NEVADA GEAR UP GRANT SCHOLARSHIP PROGRAM Students With Documented Disabilities Form

This form may be used by GEAR UP Grant/Scholarship students with a documented disability at an eligible institution who are requesting to enroll with less than the minimum semester credit hours. Funding will be reduced accordingly.

Student Section:

Student Name: _____ Phone Number: _____

Name of Institution: _____

Permanent Address: _____

Semester & Year Requested: _____

If approved, I understand that I will receive a GEAR UP Scholarship for the number of approved credits at this campus.

- ✓ I must satisfactorily earn credit for all course work funded and approved on this "Documented Disabilities" form.
- ✓ I must maintain a 2.0 semester GPA.
- ✓ Failure to meet the requirements of this agreement will result in my ineligibility for the scholarship. I must then follow the procedure for reinstatement.

Student Signature: _____

GEAR UP / FINANCIAL AID OFFICE

Approved: _____ Yes _____ No - If no, state reason: _____

Approved by: _____

Title: _____ Date: _____