
THE NEILSEN FOUNDATION SCHOLARSHIP APPLICATION

In accordance with the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act (ADA), Hinds Community College is committed to providing equal access to programs and activities of the college. The Office of Disability Support Services (DSS) strives to promote a positive campus environment and interacts with all offices and departments on campus to ensure that students with disabilities pursue, have access to, and participate in programs based on their personal interest and ability. DSS works with eligible students on an individual basis to develop and coordinate reasonable accommodations specific to their disability.

As an adult requesting reasonable, appropriate accommodations from Hinds Community College (HCC), be aware:

- Information on the student's disability is only one component of providing access.
- IEPs may not have quality support for requested accommodation.
- Documentation of a specific disability does not translate directly into specific accommodations.
- Determination of accommodations is an interactive process requiring collaborative efforts.
- Documentation is confidential & shared only on a need to know basis.

As an adult collecting documentation to support your request for reasonable program appropriate accommodations from HCC, consider the following:

- Specific application of documentation to your accommodation request.
- The credentials of the evaluator(s).
- A diagnostic statement identifying the disability and accommodation history.
- A description of the current functional limitations.
- A description of current and past accommodations, services and/or medications.
- Recommendation for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

For more resources visit <https://www.hindscc.edu/student-services/disability-services>.

Please provide only the documentation that supports your request for reasonable accommodations.

Sources: AHEAD Documentation: General Principles <http://www.aahead.org/resources/best-practices-resources> & **AHEAD Seven (Essential) Elements of Quality Documentation Supporting Accommodations**

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Sherry Franklin, Vice President of Instruction/Career & Technical Education, Box 1003, Utica, MS 39175; Phone: 601-885-7002 or Email: EEOC@hindscc.edu. **Title IX:** DeAndre House, Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: TitleIX@hindscc.edu.

Step 1: ADMISSIONS (Required of all prospective students. Currently enrolled students do not need to reapply for admission)

- Submit admissions documents online or to the Office of Admission and Records, P.O. Box 1100, Raymond, MS 39154. For more information, call 601-857-3216 or 800-HINDSCC
 - The online application for admission can be completed at www.hindscc.edu/admissions
 - Submit official high school and/or college transcripts.
 - Submit official test scores (ACT, Accuplacer or SAT) if you have not completed college English and math courses.
 - Contact the Support Center at 601-857-3344 or support@hindscc.edu to obtain your username and password for My.Hindscc.edu.

Step 2: MONEY MATTERS

- To determine eligibility for Pell Grant, scholarship, student loan and/or work study, applicants must complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov.
- After completing FAFSA submit any required forms to the Office of Financial Aid, P.O. Box 1100, Raymond, MS 39154. For more information, call 601-857-3223 or 800-HINDSCC
- Check My.Hinds for financial aid updates. For log in assistance call 601-857-3344 or email support@hindscc.edu.

Step 3: DISABILITY SERVICES APPLICATION

- Complete the online application in My.Hinds under the My Apps (view more applications) section. This application is needed to determine your eligibility for disability support services. Approved services are based on individual needs and may be approved once the application and documentation are provided. Examples of accommodations: approval to use assistive technology, sign language interpreter, extended time on test, note taker, etc.
- Submit information that states the level of your spinal cord injury. Examples include a letter on the doctor's letterhead or medical record that states the spinal cord injury level.

Step 4: NEILSEN FOUNDATION SCHOLARSHIP

- Complete the Nielsen Scholarship questions.
- Submit three recommendation forms from individuals (i.e. school, church, community/civic organizations, or work). The recommendation form is enclosed on page 5.

Note: If you are eligible to receive a scholarship an interview will be required.

For more information, contact:
Hinds Community College Disability Support Services
DSS@Hindscc.edu
Phone: 601-857-3310



SECTION 5: Neilsen Foundation Scholarship. Current and future Hinds Community College students are eligible to apply for the Neilsen Foundation Scholarship if they have experienced a spinal cord injury that impacts daily living and academic engagement.

Please submit your answers to all of the following three questions.

1. Tell the scholarship committee about yourself and why you feel you should be considered for this scholarship.
2. List your achievements, extra-curricular activities, community service and work experience.
3. If needed, please state your financial need and how this scholarship may be able to help meet those needs.

Submit three recommendation forms from individuals (i.e. school, church, community/civic organizations, or work). The recommendation form is enclosed in this packet.

SECTION 6. Required Certification.

All the information provided by me is true to the best of my knowledge. I understand that this application does not guarantee services from the Disability Support Services Department. If signing electronically my printed name, date of birth and today's date serve as my official signature.

Student's Name _____

Date of Birth _____ Today's Date _____

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Hinds Community College Neilsen Foundation Scholarship Recommendation Form

Applicant/Student's Full Name: _____ Student ID: _____
(Please Print) First – Middle Initial - Last Name (if known at this time)

Applicant/Student's Address: _____
Street City State Zip

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified categories:

COMMUNICATION SKILLS	Outstanding	Above average	Average	Below average	Not Known
ATTENDANCE RECORD	Outstanding	Above average	Average	Below average	Not Known
WORK HABITS	Outstanding	Above average	Average	Below average	Not Known
INTEGRITY	Outstanding	Above average	Average	Below average	Not Known
RELIABILITY	Outstanding	Above average	Average	Below average	Not Known
COOPERATION	Outstanding	Above average	Average	Below average	Not Known
OVERALL CHARACTER	Outstanding	Above average	Average	Below average	Not Known
COMMUNITY/SCHOOL INVOLVEMENT	Outstanding	Above average	Average	Below average	Not Known
FINANCIAL NEED	Outstanding	Above average	Average	Below average	Not Known

Please feel free to provide additional comments in the space below about why you believe this student is a good candidate to receive a scholarship to attend Hinds CC?

I give the individual identified below permission to release recommendation information to Hinds CC on my behalf.
I do waive ___ do not waive ___ my right to see letters of recommendation submitted on my behalf.

Signature of Student _____ Date _____

Name (print/type) _____ Title _____

How long have you known the applicant? _____ Relationship _____

Email _____ Phone(s) _____

Signature _____ Date _____



Hinds Community College

Office of Admissions and Records
P.O. Box 1100, Raymond, Mississippi 39154
Phone: 601.857.3212 | Fax: 601.857.3539 | Email: records@hindsc.edu

Waiver of Rights to Privacy of Records (FERPA)

In order to assist me with my educational goals, I hereby authorize Hinds Community College to release my personally identifiable college records to:

1.	2.	3.
_____	_____	_____
(Name)	(Name)	(Name)
_____	_____	_____
(Address)	(Address)	(Address)
_____	_____	_____
(City, State, Zip)	(City, State, Zip)	(City, State, Zip)
_____	_____	_____
(Relationship to Student)	(Relationship to Student)	(Relationship to Student)

I authorize this release for:

- Academic Records (attendance, grades/GPA)
- Student Services Records (conduct/disciplinary, housing, Title IX)
- Financial Information (awards, disbursements, eligibility, financial aid academic progress status, charges, payments, past due amounts, collection activity)
- Disability Services
- Required Clinical Clearance Records to Clinical Agencies (including all information in the clinical record packet and social security number)

I understand that by signing this authorization, I am waiving my rights of nondisclosure of the selected records under federal law only to the person(s) specifically listed above. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student's Name: _____ ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

Received by:	Campus:	Date:	Copy given to student:
Received in District Admissions Office by:			Date:

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