Note: Scholarship applications must be complete upon submission. Incomplete applications will not be accepted.

- The completed application form. (Page 4)
- A letter of application. (Directions on Page 4)
- A list of activities, honors, and awards or résumé. (Directions on Page 4)
- Current Texas Tech Students: Recommendation Form (Page 5) filled out by a Texas Tech University faculty member or academic advisor within your college.
  
  Incoming Freshman: Recommendation Form (Page 5) filled out by a high school teacher, coach, or guidance counselor.

Application is Complete (SDS Staff Initial or Signature): __________________________________________
Olive-Pfluger Scholarship
2020-2021

The Olive-Pfluger Scholarship is awarded annually to a student(s) with a documented learning disability with priority given to a student(s) with attention deficit disorder.

Scholarship Award

The Olive-Pfluger Scholarship is awarded annually; aid will be awarded for the Fall and Spring semesters as long as they continue to be enrolled in courses at Texas Tech University during that academic year. It should also be noted that the amounts are subject to change depending on funding. The number of scholarships awarded each semester is also subject to change depending on funding.

Applicant Criteria

Applicants for the Olive-Pfluger Scholarship must be students currently enrolled at Texas Tech University. Applicants must also be currently registered with the Student Disabilities Office with a documented learning disability and/or attention deficit disorders. Financial need will be a consideration, but not the overriding determinant.

Application

To apply for the Olive-Pfluger Scholarship, students must submit the following:

- The completed application form.
- A letter of application, separate essays are required for each Student Disability Services scholarship application. **Duplicate essays will not be considered.**
- A list of activities, honors, and awards or résumé.
- **Current Texas Tech Students:** Recommendation Form filled out by a Texas Tech University faculty member or academic advisor within your college.
  
  **Incoming Freshman:** Recommendation Form filled out by a high school teacher, coach, or guidance counselor.
- Please do not include pictures or any additional material not specified on the application.

Scholarship Selection Criteria

Scholarship recipients will be selected on the basis of the applicant’s progress toward their educational goals. Their score according to the scholarship grading rubric. Financial need will be a consideration, but not the overriding determinant.

Scholarship Selection Committee

The scholarship selection committee will consist of the Student Disability Services staff, along with staff members from the Office of the Dean of Students and the Office of Financial Aid. (See Scholarship Committee Charge)

Application Deadline

**Completed** applications must be submitted to the Student Disability Services Office (335 West Hall) by 5:00pm on Wednesday, April 1, 2020.

If unable to submit in person, please mail to the following:
Student Disability Services
Attn: Erika Valencia
335 West Hall – Box 45007
Lubbock, TX 79409

Scholarship application packet must be postmarked by 5:00pm on Wednesday, April 1, 2020.

Questions about the scholarship should be directed to Erika Valencia at 806-742-2405 or erika.valencia@ttu.edu.

**Notification of Scholarship Awards**

Notification emails will be sent to all applicants via Texas Tech email by April 22, 2020. Scholarship recipients are required to mail a thank you letter to the Olive-Pfluger Family *via the Student Disability Services Office by May 3, 2020 in order to be awarded the scholarship.*
Olive-Pfluger Scholarship
2020-2021 Application

**Basic Information**

Full name: _________________________ R#: ____________________

Campus/local address: __________________________________________

Campus/local phone: ___________________ Email: __________________________

Permanent address: __________________________________________

Parent/guardian name(s): _________________________________________

**Academic Information**

Academic major(s): __________________________________________

Academic minor(s): __________________________________________

Current Cumulative/Adjusted GPA: __________________ GPA Last Semester: __________

Anticipated Graduation Date: ________________ Credit Hours Earned: ______

**Letter of Application**

With your application please provide responses to the following prompts in the form of a typed letter addressed to the “scholarship selection committee”.

- Why are you applying for this scholarship, and how would you use it?
- Describe a challenge you have faced in your academic pursuits, and explain how you were able to overcome this challenge.
- Share three accomplishments you are most proud of.
- Describe your major educational goals for the next three years, and describe your progress and plans for attaining these goals.

**Activities, Honors, & Awards**

Please include with your application a typed list (or your résumé) including the following:

- Any honors or awards you have received.
- High school/college activities.
- Leadership positions held.
- Community/volunteer activities.

**Verification of Information/Academic Release**

My signature below verifies that the information contained in this application is correct to the best of my knowledge. To be considered for the Olive-Pfluger Scholarship, I authorize Texas Tech University to release my academic records to the members of the scholarship selection committee.

*I verify this application has been completed solely by me, the student named above.*

Signature: ___________________________________ Date: ____________________
Olive-Pfluger Scholarship
2020-2021 Recommendation Form

Recommendation for: ___________________________  R# ______________________
(Full Name)

The above-named student is applying for the Olive-Pfluger Scholarship at Texas Tech University. The Olive-Pfluger Scholarship is awarded annually to students with documented learning disabilities and/or attention deficit disorders. Scholarship recipients will be selected on the basis of the applicant’s progress toward their educational goals and their score according to the scholarship grading rubric.

How long have you known this student? ____________  In what capacity? ____________

Please evaluate the above-named student as compared to other students of similar age. (Please (X) one box in each row)

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<th></th>
<th>Excellent</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Cannot Evaluate</th>
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Below, please provide your candid evaluation of this student’s progress toward their educational goals.

Print your name: ___________________________  Signature: ___________________________  Date: ____________

Your current title: _____________________________  Your phone number: _____________

Your address: ____________________________________________  (Zip Code)

Please put this completed reference in a sealed envelope with the student’s name on the front and your signature across the seal. Return the sealed envelope to the student for submission with the student’s application.

Thank you!