

FRED, MARIE, AND EDNA HUDSON SCHOLARSHIP

RECIPIENT: STUDENT WITH A DISABILITY

Sponsored by: NDSU Development Foundation Academic Year 2024-2025

PLEASE PRINT OR TYPE:

Today's Date: _____

First Name: _____

Last Name: _____

Student ID: _____

Telephone: _____

NDSU Email: _____

Permanent Address: _____

NDSU Address: _____

Major: _____

Expected Graduation Date: _____

Number of Credits Enrolled in for Fall 2023 Semester: _____

Current GPA: _____

The date your disability status at NDSU was obtained: _____

Select Class Status:

Freshman

Sophomore

Junior

Senior

Graduate

On an attached SEPARATE SHEET, please answer the following 2 questions using 150 words or less per question. Questions exceeding the limit will not be considered.

1. Please identify your academic and career goals. Share the steps you are taking to achieve them.
2. Describe what "self-advocacy" means to you. Identify ways you will self-advocate at NDSU.

_____ I give permission to the Hudson Scholarship Committee to review my academic information to evaluate my candidacy for this scholarship. (please initial)