CMMS Deshae Lott Ministries Inc Outreach Program: Scholarships

CMMS Deshae Lott Ministries Inc works to help American citizens with severe mobility limitations maintain hopeful, purposeful, engaged lives by providing some financial support for medically-necessary home-health-care services not covered by insurance, private or governmental, and not covered by any other non-profit organization. Many students pursuing an education beyond a bachelor’s degree require scholarships, assistantships, or student loans to fund their education; students with disabilities often have higher costs of living, and these scholarships seek to address such needs.

Guiding the non-profit's Outreach Program scholarships are the following principles:
- We believe that each life, regardless of physical health, should be treated with respect.
- We believe in empowering those with physical limitations to choose the support of partnership, marriage, family, and community, and we desire to support those individuals with long-term chronic health conditions who can safely live in private homes, thereby remaining near and among friends and relatives.
- We believe in establishing networks where participants can work cooperatively to improve the quality of life for one another, welcoming differences as well as recognizing fundamental similarities that link us each closely to one another.

For the purposes of this non-profit’s scholarships awarded to students with severe physical disabilities pursuing post-bachelor’s degrees, a person is defined as having a severe physical disability when he or she requires complete assistance from human beings, service animals, and/or complex durable medical equipment in at least three of the following thirteen daily life functions:
- Mobility, transferring, and position changing
- Bathing and personal hygiene
- Toileting, including catheterization or management of a bowel program
- Dressing and grooming
- Meal planning, food preparation, and assistance in eating
- Preparing and administering medications and IV therapy
- Performing routine medical procedures, occupational therapy, and physical therapy
- Breathing, clearing secretions, and respiratory treatments
- Transportation
- Housekeeping
- Communicating (writing, typing, speaking, etc.)
- Seeing (blind)
- Hearing (deaf)

This non-profit supports people with severe physical disabilities in their quests to expand their opportunities for leading full, productive lives. We believe every person with a severe physical disability deserves to co-create a quality life in his or her community and to receive support toward being an active member of and contributor to that community.

CMMS Deshae Lott Ministries Inc offers hope and help to individuals pursuing post-bachelor's degrees in graduate programs or professional programs (like M.B.A.s from business schools, law degrees from law schools, medical degrees from medical or dental programs). Our non-profit acknowledges that quality-of-life, including spiritual health, often greatly depends upon resources that help mitigate the higher costs incurred by living with disabilities, specifically in situations where economics alone might deter self-actualization. We want to help severely-physically-disabled individuals who lack the resources to remain in or return to a home-based setting for their long-term care but who, despite their extraordinary circumstances, desire to live a more ordinary life than institutionalization allows. We also wish to help severely-physically-disabled individuals meet their goals for higher education. If you believe you would qualify for assistance through this non-profit or if you know someone who might, contact CMMS Deshae Lott Ministries Inc at deshaelott@hotmail.com
SCHOLARSHIP APPLICATION GUIDELINES

At the present time, this non-profit accepts applications from individuals who have been accepted into or already are enrolled in post-bachelor's degree programs. Competitive scholarships are awarded to students with severe physical disabilities who seek graduate education in either graduate school or professional degree programs. Applicants must

- complete and send the scholarship application form
- submit dated proof of acceptance into or enrollment in an applicable program of study
- include official copies of transcripts for all post-secondary education thus far
- supply 2 letters of recommendation from faculty members willing to be further consulted by non-profit representatives; if the student already is enrolled in a graduate or professional program, 1 of the 2 letters must be from faculty in the current program
- present a letter from the student's primary physician (with full contact information) verifying his or her patient's severe physical disability (as defined by this non-profit's Outreach documentation); the physician would need to agree to be available for consultation with non-profit representatives
- create and provide a 1-page, single-spaced essay in 10-12 pt font; the essay will respond to this prompt:
  How do you see the work you are doing toward your degree as benefiting the human spirit (yours, others', collectively)? That is, how do you see your academic training relating to your avocation?

Hard copies of these materials should be mailed to CMMS Deshae Lott Ministries Inc
ATTN: Outreach Program Selection Committee
P O BOX 9232
Bossier City, LA 71113-9232
Applications will be accepted at any time but must be for an upcoming academic term, not for a current or completed term or for a completed program; that is, scholarships are intended to support future, not past, academic work. Submitted applications will be kept on file and considered during the next scheduled review by the Outreach Program Selection Committee. The deadline for applying each academic year is July 1. Results will be announced following Labor Day.

Please avoid sending envelopes via overnight mail and/or with a signature required. Such practices actually resulted in two past applications (one in 2010 and one in 2011) being further delayed in reaching us. In both cases we did not receive at our P O Box notification from the USPS about envelopes sent overnight and requiring a signature. It was only email correspondence and tracking numbers that eventually rectified matters. To avoid such situations, then, again we ask that envelopes not be sent to us via overnight mail and/or requiring a signature upon delivery. You will be notified via email, if you provide an email address on your application, when your application materials reach us. At a later date you will be notified of the Selection Committee's determinations regarding your application.

Applicants who are selected to receive scholarships are expected to

- provide all needed tax documentation including the student's social security number and, if relevant, the student's special needs trust tax ID number
- grant permission for their essays and/or photos to be published on the website or in other fora affiliated with CMMS Deshae Lott Ministries Inc; recipient will provide a print and digital image of him or herself for such uses; recipient will provide a print and a digital version of this essay (presented either as an email attachment in MS Word or in the body of the email message itself)
- within 2 months of the conclusion of the academic year in which the scholarship is awarded, craft and submit to CMMS Deshae Lott Ministries a multi-page, single-spaced follow-up essay in 10-12 pt font; this essay will showcase how the previous year of academic, spiritual, or civic endeavors inflected their life's purpose

Submitted materials from the applicant, his or her teachers, and his or her physician(s) will be reviewed by the Outreach Program Selection Committee members. Availability of non-profit funds for scholarships determines how many scholarships can be awarded annually and the amount an applicant can receive.
Applicants who receive a scholarship may apply for subsequent scholarships. When a scholarship is approved, the method of disbursement--whether to individuals, institutions, or special needs trusts--depends upon the requirements of each particular situation.

PHOTO REQUEST

Along with your application,
a/ include a photo of the applicant in the hard-copy application packet OR email a digital photo of the applicant to both Deshae Lott at deshaelott@hotmail.com & Susan Caldwell at susancaldwell@allsoulsuushreveport.org
b/ complete and submit in the hard-copy application packet the release form below.

PHOTO & VIDEO RELEASE

If I am selected as a recipient of a CMMS Deshae Lott Ministries Inc. Outreach Program Scholarship or Quality-of-Life Grant, I hereby authorize CMMS Deshae Lott Ministries, Inc. to use my photograph and biographical information, including my diagnosis, in all publicity concerning the award. I understand that this includes but is not limited to publication on the organization’s website and Facebook page and email publicity announcements.

I further authorize release of my image for use in video footage or PowerPoint presentations that may be used to promote the organization and its activities or in any other print or online publications to which the organization contributes, including but not limited to publications of MDA and other organizations with disability advocacy as a focus. I also verify that this release applies to any future grants or scholarships I may receive.

_______________________________________  ___________
Signature of Applicant or Responsible Party  Date

Name of Applicant (Please Print) ____________________________________________

Phone ________________________________________________________________

Email ________________________________________________________________
Scholarship Application for Students with Severe Physical Disabilities Who are Pursuing Graduate Education in either Graduate School or Professional Degree Programs

Applicant will need to complete sections A, B, and C below, then sign, date, and return the application by mail to be reviewed for potential approval for financial assistance.

Section A: Applicant Information
Name of Applicant: ___________________________________________________________
Address: ____________________________________________________________________
City/state/zip: __________________________________________________________________
Phone Numbers: __________________________________________________________________
Email Address: __________________________________________________________________
Degree Program (field, school): ____________________________________________________________________
Is applicant related to any CMMS Deshae Lott Ministries Inc. officer, director, trustee, member, participant, or major contributor? ___ yes ___ no If yes, to whom? ____________________________________________________________________
Applicant’s Chronic Severe Physical Disability: ___________________________________________________________
I require assistance with the following daily tasks: (Check all that apply.)
☐ Mobility, transferring, and position changing
☐ Bathing and personal hygiene
☐ Toileting, including catheterization or management of a bowel program
☐ Dressing and grooming
☐ Meal planning, food preparation, and assistance in eating
☐ Preparing and administering medications and IV therapy
☐ Performing routine medical procedures, occupational therapy, and physical therapy
☐ Breathing, clearing secretions, and respiratory treatments
☐ Transportation
☐ Housekeeping
☐ Communicating (writing, typing, speaking, etc.)
☐ Seeing (blind)
☐ Hearing (deaf)

Section B: Academics
I have included the following materials:
☐ the scholarship application form
☐ proof of my acceptance into or enrollment in an applicable program of study
☐ official copies of transcripts for all of my post-secondary education thus far
☐ 2 letters of recommendation from faculty members willing to be further consulted by non-profit representatives; if I am already enrolled in a graduate or professional program, at least 1 of the 2 letters is from a faculty member in my current program
☐ a letter from my primary physician verifying my severe physical disability (as defined by this non-profit’s Outreach documentation: it attests that I meet at least 3 of the categories given); the physician agrees to be available for consultation with non-profit representatives
☐ a 1-page, single-spaced essay on the specified topic

Section C: Beneficiary Statement
I certify that the above information is accurate to the best of my knowledge. I authorize CMMS Deshae Lott Ministries Inc and its agents to verify the above information. I understand that I am applying to receive a scholarship to support my abilities to pursue a post-bachelor’s degree. Ideally, this support will allow me to concentrate less on basic survival issues and more on personally edifying projects that help me more fully
participate in the communities around me and in the ways I most aspire to contribute. I understand that I’m responsible for notifying CMMS Deshae Lott Ministries Inc if my academic status changes and that it is my responsibility to ensure that receiving help from CMMS Deshae Lott Ministries Inc will not disqualify me from other services, supports, and funds received or anticipated (SSI or SSDI, Medicare, Medicaid, OCDD, EDA, NOW, etc.) or in any way reduce or jeopardize the quality of my life.

I agree to
• provide all needed tax documentation including my social security number and, if relevant, my special needs trust tax ID number
• grant permission for my essays and/or photos of me to be published on a website or in other fora affiliated with CMMS Deshae Lott Ministries Inc
• craft and submit to CMMS Deshae Lott Ministries a multi-page, single-spaced follow-up essay in 10-12 pt font; this essay will showcase how the previous year of academic, spiritual, or civic endeavors inflected my life’s purpose

Signature of Applicant: ___________________________ Date: ________________________

For Internal Use Only

Approved  Denied  Amount __________________________ Interval (One time only, etc.): __________________________

Comments: __________________________________________________________________________________
________________________________________________________________________________

Board President’s signature: ___________________________ Date: ________________________

Selection Committee Member’s signature: ___________________________ Date: ________________________

Selection Committee Member’s signature: ___________________________ Date: ________________________