

COMAR Scholarship

APPLICATION

The COMAR (Cohen-Marchiondo) Scholarship Foundation provides scholarships to students with mental health disabilities, such as Neurodevelopmental Disorders, Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Trauma- and Stressor-Related Disorders, Attention-Deficity/Hyperactivity Disorder, Learning Disabilities, Neurocognitive Disorders, and Autistic Spectrum Disorders will be considered. The scholarship provides for payment of tuition, books, supplies, and equipment expenditures, including tools and/or uniforms. The scholarship is designed to assist persons with mental health disabilities to fulfill their academic potential at any institution of higher education in New Mexico.

Eligibility & Selection Criteria

To be eligible for the COMAR Scholarship, the applicant must:

- Provide proof of a persisting diagnosis of a mental health disability, such as schizophrenia, bipolar disorder, neurocognitive disorder, autistic spectrum disorders, PTSD or similar mental health conditions
- Be a New Mexico resident
- Be enrolled with a minimum of 6 hours per semester, be enrolled in a certificate or degree program, and taking courses on degree plan;
- Complete an application stating the student's educational goals and a statement of the reasons why the student should receive the scholarship;
- Provide Social Security Disability Income statement if the applicant receives SSDI
- Applicants must not be receiving other financial aid or scholarships that pay for tuition and registration fees, books, supplies and equipment expenditures; if a student is receiving a minimal amount of financial aid or scholarships, these applications will be reviewed on a case by case basis

Continuing Eligibility Criteria

Once awarded the COMAR Scholarship, the applicant must do the following to maintain eligibility:

- Maintain a minimum semester GPA of a 2.5 and a semester completion rate of 66%

Scholarship applications are due by 5PM one week before the term starts for which you are applying.

All applications should be submitted by mail to:

**COMAR Scholarship
315 Fifth St. NW
Albuquerque, NM 87102**

For questions contact Dr. Maxann Shwartz: 505-331-2829

Submission of an application does not guarantee that students will receive a scholarship. Scholarship eligibility and decision will be determined by a committee.

APPLICATION FORM

Applicant Name:			
	Last	First	Middle
Date of Birth:	/	/	Student ID Number:
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Email address:			
Home Phone: () -		Cell Phone () -	

State the reasons why the COMAR Scholarship Fund should consider you for this scholarship.

Please describe your educational goals and describe your strengths and challenges associated with your disability.

FERPA & HIPAA RELEASE

The COAMR Scholarship Foundation is the entity donating the funds to establish this scholarship. The COAMR Scholarship Foundation has contracted with a mental health professional who will review applicant records to confirm eligibility.

I, as an applicant for the COMAR Scholarship, hereby consent to the release by _____ (name of educational institution) of my educational records, including but not limited to transcripts and enrollment records, as well as and educational records and medical records that I have provided to _____ (name of educational institution) in relation to this application for scholarship to the COMAR Scholarship Foundation or a mental health professional acting on its behalf. I hereby waive any rights of confidentiality pursuant to the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and any other federal or state law.

Signature of Applicant

Date

VERIFICATION

I hereby affirm that all of the information stated herein is true and complete to the best of my knowledge, and certify that the documents produced with my application are true and correct copies of my medical and/or mental health records, special education records, or physician’s statement.

Signature of Applicant

Date