

2015 SCHOLARSHIP APPLICATION FORM

Applicant's Name: _____ Birthdate: _____
(First) (Middle) (Last)

Home address: _____
(Street) (City) (State) (Zipcode)

Telephone: _____ E-mail: _____
(Home) (Cell)

Parent/Guardian: _____
(Name) (Cell) (E-mail)

Education Data

Current High School: _____ Anticipated graduation date: _____

List other High Schools (and years) attended: _____

College/postsecondary school for which scholarship is requested. If you are applying to more than one school, and/or have not received acceptance letter(s), please list your top choice first.

(1) _____
(Name of school) (City) (State)

Mark One: 4-year college 2-year college community college vocational school

Enrollment plans: Full-time Part-time

Accepted? Yes Don't know yet Wait-listed

(2) _____
(Name of school) (City) (State)

Mark One: 4-year college 2-year college community college vocational school

Enrollment plans: Full-time Part-time

Accepted? Yes Don't know yet Wait-listed

Please state your post-secondary school area of study or career goals:

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Other (Non-academic) Activities:

For each activity, please indicate the number of years' participation and approximate number of hours per week.

Extra-curricular activities: _____

Sports, intramurals: _____

Community service: _____

Employment or internships: _____

Awards, Honors and Recognition (in the last four years) -- please list with dates: _____

Audiological Data

How do you describe your level of your hearing loss? Mild Moderate Severe Profound

At what age was your hearing loss discovered? _____

Do you wear Hearing Aid(s)? No Yes, one Yes, two

Do you wear Cochlear Implant(s)? No Yes, one Yes, two

Do you use or require additional assistance in the classroom, such as notetakers, assistive listening devices, lecture transcripts, or C.A.R.T. (Communication Access Realtime Translation)?

Do you use special devices outside of school, such as a text pager or a closed-captioning device? If so, please identify and explain. _____

Letters of Reference

Please list the three individuals you will ask for a Letter of Reference -- two high school teachers or guidance counselor, and one other non-family adult leader who knows you/the applicant well:

(1) _____
(Name) (Title) (E-mail)

(2) _____
(Name) (Title) (E-mail)

(3) _____
(Name) (Title) (E-mail)
