

# 2019 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:

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ SCHOLARSHIP APPLICATION FORM – Page 2

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)

\_\_\_\_\_