

Nebraska State Grange Deaf Education and Awareness Scholarship \$500.00

Purpose: To provide financial aid for an undergraduate or graduate student meeting one of the following criteria:

- a) Showing disability of profound hearing impairment in both ears
- b) Seeking a career in Deaf Education

RULES:

1. Applicant must be a Nebraska Resident and a graduate from an accredited High School.
2. Applicant must show proof of hearing loss by audiology documentation (if applicable).
3. Applicant must provide verification of enrollment as a full time (12 credit hours) student into an institution of higher learning in a course of study to assist the deaf or hearing impaired.
4. Proof of scholastic ability is required. Applicant must have a cumulative grade point average of 2.5 on a 4.0 scale.
5. Scholarship will be paid to the college or university on behalf of the student at the beginning of the second semester of continued enrollment. Scholarship may be renewed by application over four years of continued enrollment, however, no individual may receive more than an accumulated total of \$2,000.00.
6. Completed application and attachments must be submitted to the *Nebraska State Grange Deaf Education & Awareness, Director* by **March 15, 2016**.
7. All applicants will receive equal consideration without regard to age, race, creed, color or sex.

ATTACHMENTS TO APPLICATION:

1. A personal letter from applicant giving resume of family background, description of hearing loss (if applicable), education plans, future plans and financial need.
2. A listing in summary form of applicant's leadership experience in school, church, organizations, etc.
3. Official high school or college transcript.
4. Two letters of reference from non-related individuals.

SELECTION AND NOTIFICATION:

1. Selection of the scholarship winner shall be made by a committee, which includes the Nebraska Deaf Education & Awareness, Director.
2. Notification of award will be made no later than *May 1, 2016*.

**NEBRASKA STATE GRANGE
DEAF EDUCATION SCHOLARSHIP APPLICATION**

NOTE: Completed application with required attachments must be forwarded to the **NEBRASKA STATE GRANGE DEAF EDUCATION & AWARENESS, DIRECTOR, Shannon Cooksley, 80165 Road 451, Weisert, NE 68814** and must be postmarked no later than **MARCH 15TH, 2016**

NAME _____ DATE OF BIRTH _____
(First) (M. Initial) (Last)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ SOCIAL SECURITY # _____

EMAIL ADDRESS _____

PARENT(S) OR GUARDIAN(S) _____

HIGH SCHOOL _____ GRADUATION YEAR _____

ADDRESS _____
PO Box/Street City State Zip Code

COLLEGE/UNIVERSITY ATTENDING _____

ADDRESS _____
PO Box/Street City State Zip Code

MAJOR COURSE OF STUDY _____ MINOR _____

CUMULATIVE GPA _____ HOURS OF COLLEGE CREDIT COMPLETED _____

FINANCIAL STATEMENT: (Estimated costs for school year) Tuition/Fees _____

Housing/Meals _____ Books _____ Misc. Expenses _____

How do you plan to meet these expenses? _____

_____ Date

_____ Signature