

# **SCHOLARSHIP ANNOUNCEMENT**

## **E. M. Deeter Memorial Scholarship for Deaf and Hard of Hearing Students**

Spring 2011

Dear student

The E. M. Deeter Memorial Scholarship for Deaf and Hard of Hearing Students is currently accepting applications. Mrs. Deeter was a local teacher for deaf and hard of hearing students. You must have a hearing loss of over 50 decibels in each ear.

There are two types of scholarships:

- ❖ One for high school students entering college.
- ❖ One for college students requesting additional financial assistance.

The awards are approximately \$ 600.00 each and there are two (2) college student scholarships. The deadline for submitting your application is **March 18, 2011**. The application is attached.

Good luck!

Sincerely

DSC staff

THE ELSIE MAY DEETER ENDOWED SCHOLARSHIP  
FOR THE HEARING IMPAIRED

**Applicant Information**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

**Hearing Loss Certification**

Please describe your hearing loss: \_\_\_\_\_  
\_\_\_\_\_

Attach a copy of your current audiogram if available.  
with a complete audiological evaluation.

**Current Educational Status**

Current Level: Entering high school graduate \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_  
Current Grade Point Average: \_\_\_\_\_  
What is your intended major? \_\_\_\_\_ *where*

**Prior Educational Background**

Please provide a brief description of your educational history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Background**

Please provide a brief description of your family. Describe any circumstances you think relevant to this application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information**

Please write a brief statement describing why you feel you should receive this scholarship: \_\_\_\_\_

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**Recommendations and Transcripts**

\_\_\_\_\_ Attach recommendations from two persons who are aware of your background and qualifications.

\_\_\_\_\_ Attach a copy of all transcripts.

**Signature and Deadline**

I certify that the information submitted with this application is accurately represented.

\_\_\_\_\_  
Signature of Scholarship Applicant

Application Deadline: March 13 (for the following academic year)

Submit to:

Disabled Students' Center  
Orange Coast College

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