



QUOTA INTERNATIONAL OF CENTRAL OREGON DEAF &/OR HEARING-IMPAIRED SCHOLARSHIP APPLICATION

Quota International of Central Oregon is proud to award scholarships to the deaf and hearing impaired and/or to individuals seeking education in a field that works with the deaf and hearing impaired. The scholarships are used for pursuing a post-secondary degree or for continuing education in the deaf/hearing impaired field.

Selection Criteria:

Applicants will:

1. Be hearing impaired OR planning to pursue a career working with the hearing impaired
2. Have a minimum cumulative GPA of 2.5
3. Submit a copy of their most recent transcript
4. Demonstrate leadership and school service activity involvement
5. Be active in the community
6. Submit the completed application which includes essay questions, references, and a release form.
7. Submit at least 2 letters of recommendation, with one being from an educator. The attached reference form may be used.
8. Enroll in the upcoming fall term

Completed applications must be received no later than *March 15th

Mail application to:

Q. I. of Central Oregon
Attn: Service Chair - Scholarship
PO Box 1372
Bend, OR 97709

or Email to:

quotaofcoservice@gmail.com

***DEAF & HEARING-IMPAIRED applicants may submit this application throughout the year to request funds for tuition.**

QICO DEAF &/OR HEARING-IMPAIRED APPLICATION FORM

Name _____ Date _____
(last) (first) (m.i.)

Home address _____

City _____ State _____ ZIP Code _____

Telephone _____ Email _____

Are you a U.S. Citizen or Legal Resident Alien? **YES** or **NO**

Birthdate _____ How long have you resided in Central Oregon? _____

Highest level of academic achievement _____

High school attended _____

GPA _____ When did you (or when will you) graduate? _____

Are you currently employed? **YES** or **NO**

If **yes**, where? _____ Occupation: _____

Marital status: Single _____ Married _____ Separated _____ Divorced _____

Total Number of Dependents: _____ Total Number in Household: _____

Have you filed a tax return for the prior two years? **YES** or **NO**

If **yes**, please provide a copy, **BLACKING OUT** all Social Security numbers.

Are you currently living with a parent or legal guardian? **YES** or **NO**

If **no**, who are you living with? _____

If **yes**, please provide a copy of the first 2 pages of your parent's/guardian's/ spouse's if not filed joint tax returns for prior year **BLACKING OUT** all Social Security numbers.

How many people are living in your household? _____

Are you or anyone living in your household deaf, hearing impaired or disabled? **YES** or **NO**

If **yes**, please explain

Have you received other scholarships or grants? **YES** or **NO** If **yes**, please explain

Have you ever received a scholarship or donations from Quota International? **YES** or **NO**
If **yes**, please explain

Will you receive other income (such as financial aid, cash awards, loans, child support, alimony, savings, trust funds) while attending your school/college/university? **YES** or **NO**
If **yes**, please explain

Name and address of the school/college/university you are planning to attend:

What is your estimated start date?

Do you have a **student ID number** for the school/college/university **you plan to attend** (not your current High School ID)? **YES** or **NO**

If **yes**, please provide the number if known: _____

Degree and/or career you plan to pursue: _____

ESSAY QUESTIONS

Briefly answer the questions below. Please do not exceed 125 words per question. Please type or print clearly using black ink.

1. Please explain your need for financial assistance.
2. Please give a short description of your goals and aspirations.
3. With what school and/or community activities have you been involved? Tell us what your involvement has meant to you. How have these experiences affected your personal development and outlook? (Give specifics)

REFERENCE FORM



QUOTA INTERNATIONAL OF CENTRAL OREGON
DEAF&/ OR HEARING-IMPAIRED SCHOLARSHIP FUND

Applicant's Name: _____

The above has applied to Quota International of Central Oregon for Scholarship funds allocated to the deaf &/or hearing impaired or to individuals seeking education in a field that works with the deaf and hearing impaired. Please provide responses to each question listed, either typed or using black ink. If more space is needed, use the back side of this page.

1. How long have you known the applicant and in what capacity?

2. What is your assessment of the applicant's academic achievement, personal abilities, or community involvement? (Please respond to the category with which you are most familiar.)

3. Are there unique factors that make the applicant especially worthy of receiving this scholarship (special talents, self-directed life, inspirational history, college goals, etc.)?

Name: _____ Phone number: _____

Place of employment: _____ Position/Title: _____

Signature: _____ Date: _____

Thank you for your assistance.



RELEASE FORM

**QUOTA INTERNATIONAL OF CENTRAL OREGON
DEAF &/OR HEARING-IMPAIRED SCHOLARSHIP FUND**

Applicant's Name: _____

By signing this release form, I give my permission to Quota International of Central Oregon to use my name for any publicity the Board of Directors deems appropriate.

Signature: _____ Date: _____