

BISHOP FAMILY



SCHOLARSHIP

FOR ANY HIGH SCHOOL JUNIORS OR SENIORS OR ALREADY ENROLLED IN AN ACCREDITED INSTITUTE OF HIGHER EDUCATION WHO WILL BE OR IS MAJORING IN A FIELD THAT TARGETS THE BENEFIT OF THE DEAF COMMUNITY SPECIFICALLY FOR THE ACADEMIC YEAR 20____ / 20____ (Deadline JULY 1st)
(This includes hearing, or deaf or hard-of--hearing students with no priority consideration given to one or the other)

PERSONAL

Name _____ Date of Birth _____

Address _____

Phone (____) _____ Email _____

____ Hearing ____ Deaf or Hard-of-Hearing *If you checked deaf or hard-of-hearing please fill out the next section.
If applicant has a cochlear implant, please note CI in the above line*

Level of Hearing Loss (SRT & PTA) SRT Left Ear _____ dB Right Ear _____ dB

PTA Left Ear _____ dB Right Ear _____ dB

EDUCATION

Date entered (entering) college or university ____/____/20____

CURRENT

____ High School ____ College/University Current Status Level _____

Name of Current School _____

Cumulative GPA (on an unweighted, 4.0 scale, as of completion of the most recent semester)

High School _____/4.0 Undergraduate _____/4.0

INTENDED COLLEGE OR UNIVERSITY INFORMATION

(School the student will be attending or is currently attending on a full-time basis. If you have not determined a school or your application is pending, list your preferred school.)

If high school junior or senior, do you have your acceptance letter from you intended school? _____

Intended or College/University _____

Address _____

Phone (____) _____ Contact Person If Any _____

Is this an online course of study or will you be attending physically _____

Anticipated date of graduation ____/____/20____ Total credits required for degree _____

Estimated total credits during the academic period applying for including summer term(s) _____

Estimated cost of tuition/fees/books/supplies for the same academic period \$ _____

Estimated total credits during the academic period applying for including summer term(s) _____

Estimated cost of tuition/fees/books/supplies for the same academic period \$ _____

Please answer the following questions in the space provided – attachments will be discarded and the application not considered for the scholarship.

HONORS / AWARDS RECEIVED

COMMUNITY VOLUNTEER ACTIVITIES

INTERSCHOLASTIC ACTIVITIES

EXTRACURRICULAR ACTIVITIES (Include Jobs Held)

PERSONAL STATEMENT (300-500 words) – Explain how this scholarship will help to achieve your goals

By submitting this application, I have given permission to Sertoma to use my name and relevant information in all forms of publications, including, but not limited to print and web based.

Authorized Signature

Date