



# Quota International Scholarship Application

## \$500

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

### Eligibility:

To be eligible for this Quota scholarship, you must meet at least one of the requirements listed below:

1. Have a documented hearing impairment
2. Have a documented speech communicative disorder
3. Be going into a field of study in which you will be working with or teaching hearing/speech impaired persons
4. Be going into audiology/speech pathology or any of its related fields

### Please respond to the following questions:

1. Which requirement(s) listed above applies to you? \_\_\_\_#1 \_\_\_\_#2 \_\_\_\_#3 \_\_\_\_#4
2. What college/university do you plan to attend? \_\_\_\_\_
3. Have you been accepted at that college/university as of this date? \_\_\_\_yes \_\_\_\_no  
I am already a college student. This is my \_\_\_\_\_ year.
4. What is your field of study? Why did you choose it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Why are you deserving of this scholarship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tell us about yourself.** Use the reverse side of this sheet for your answer or type on a separate sheet. Include:

1. How long you have been hearing or speech impaired, and how your impairment has affected you in the classroom and with your peers.
2. Share some background information about your family and if (how?) your impairment affected your relationship with your family.
3. What are your goals?

**The deadline for returning this application is April 1st.** Please include (1) a transcript of your grades, (2) 2 letters of recommendation, and (3) documentation of your hearing/speech impairment if applicable. Return your application to:

Quota of Iosco County  
PO Box 528  
East Tawas, MI 48730