

# **Arkansas Association of the Deaf High School Scholarship Program**

## **AN INTRODUCTION**

AAD historically has made funds available to the Arkansas School for the Deaf to add to a pool of funds that would be awarded to students at the time of graduation. These students are selected by a committee that is chosen by ASD and evaluated by a set of criteria established by ASD.

For the past two years AAD has taken a more active role in the selection of the recipient that would receive a scholarship directly from AAD, rather than pooling the funds in with other monies. This would allow for AAD to take a more proactive role in fundraising activities that would target scholarships for graduating seniors and possibly build on the number of awards to be given.

With this goal in mind, the *AAD High School Scholarship Program* is designed to assist high school students who are deaf or hard of hearing obtain a degree from an accredited U.S. postsecondary institution. In order to be eligible for the program, applicants must:

- Be a graduating high school senior of the current year applying
- Be deaf or hard of hearing
- Have a minimum cumulative weighted GPA of 2.75 on a scale of 4.0

## **LETTER OF GREETINGS**

Dear AAD High School Scholarship Applicant:

On behalf of the *AAD High School Scholarship Program*, we would like to applaud your efforts to pursue a college education. Your interest in applying for this scholarship shows that you have decided to positively affect your future through higher education.

We are proud to be able to offer assistance in your pursuit of higher education and advancing the college education of deaf and hard of hearing Americans.

Keep in mind that most scholarship programs, including ours, are competitive processes. To ensure that your application receives full consideration, we suggest you:

- Carefully read the eligibility requirements
- Follow the application instructions

We realize how important this process is to you and your family and take great care in reviewing all applications. We wish you much luck in your success!

Sincerely,

Holly Ketchum, AAD President

## APPLICATION INSTRUCTIONS

### **Postmark Deadline**

All materials must be mailed in one package that is postmarked on or before *March 15, 2010*.

Mail to:

Arkansas Association of the Deaf  
% High School Scholarship Program  
P. O. Box 55063  
Little Rock, AR 72215-5063

### **Eligibility Requirements**

To be eligible for a scholarship, you must:

- Be a graduating high school senior of the current year applying
- Be deaf or hard of hearing
- Have a minimum cumulative weighted GPA of 2.75 on a scale of 4.0

### **Selection Criteria**

Applicants are evaluated on the following criteria:

- Academic record
- Academic plans and career goals
- Community service
- Essay response (correct grammar, punctuation, and spelling)
- Media response
- Letters of recommendation

### **Application Preparation**

- 1) **Application** – All applications must be typed, a minimum character size of 12-point. Applications that are hand written will be disqualified.

Use the official application form or a photocopy of the form. Answer all questions. Extra material, such as resumes, certificates, or newspaper clippings will not be considered.

*Community Service/Volunteer Activities Section:*

Only list one activity per line. If the information you wish to list exceeds the allotted space, select those activities of longest duration or that are most meaningful to you.

- 2) **Transcript** – Provide an official transcript from your current high school. Transcript must include a cumulative GPA. If your transcript does not show a cumulative GPA, request that a school official confirm the information on school letterhead with his or her title and signature.

- 3) **Letters of Recommendation** – You will need to include two letters of recommendation from community leaders, teachers or advisor(s). At least one must be from the school you are currently attending. The letters must be current and may not be from a relative.

Provide the letters of recommendation form to the persons whom will be writing the letters. Allow your recommenders at least two weeks to complete your recommendation.

The letter must be confidential. Ask your recommenders to return the recommendation form and letter directly to AAD, or return to you in a sealed envelope with his or her signature written across the seal. Submit the sealed recommendations with your application.

The recommendation letters should address all the following topics:

- Academic record
- Academic plans and career goals
- Personal strengths, including motivation, leadership and commitment
- Community service and extracurricular activities

**Award Notification**

All applicants will be notified (by letter) of their award status in the late spring.

**Time Line**

February 1, 2010 .....Applications available from AAD—mail a letter of interest to the AAD High School Scholarship Program

March 15, 2010 .....Postmark deadline for complete application packets

March 15 – April 30, 2010.....Application processing

May 10, 2010 .....Award letter to be mailed to the student

# Arkansas Association of the Deaf High School Scholarship Program

## APPLICATION

*Postmark Deadline: On or before March 15, 2010*

### PERSONAL INFORMATION

Social Security Number: \_\_\_\_\_ Gender:  Female  Male

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_ Country of birth: \_\_\_\_\_

Residency status:  U.S. Citizen  Legal Permanent Resident (enclose copy of permanent resident card or passport stamped I551 not expired)

Ethnicity:  African American;  Asian;  Caucasian;  Hispanic;  Native American;  
 Pacific Islander;  Other (please provide) \_\_\_\_\_

How did you hear about AAD's High School Scholarship Program?

- During the day of registration at ASD
- AAD General Membership meeting
- Junior NAD
- School counselor, teacher, career center
- Advertisement or brochure
- Other scholarship websites
- Word of mouth, relatives

**For Internal Use Only:** \_\_\_\_\_ Date Application Received \_\_\_\_\_ GPA \_\_\_\_\_ Committee Initials

**ACADEMIC INFORMATION**

Type of institution you plan to attend:

- Four-Year College or University       Community or Technical College

Institution where you plan to enroll for the 2010-2011 academic year (if undecided, list top two choices):

1. Institution name (do not abbreviate): \_\_\_\_\_

Campus you will attend: \_\_\_\_\_ City & state: \_\_\_\_\_

2. Institution name (do not abbreviate): \_\_\_\_\_

Campus you will attend: \_\_\_\_\_ City & state: \_\_\_\_\_

Expected graduation date (mm/yy) \_\_\_\_\_ Major desired: \_\_\_\_\_

Expected degree:  AA;  AS;  BA;  BS;  Certificate (please explain) \_\_\_\_\_

Desired career: \_\_\_\_\_

Professional field of interest: \_\_\_\_\_

**COMMUNITY SERVICE/VOLUNTEER ACTIVITIES**

List service activities in which you have participated as a volunteer since the beginning of your high school (9<sup>th</sup> grade) with the most recent listed first.

<b>Activity/Organization</b>	<b>Your Role/Position(s) Held</b>	<b>From</b>	<b>To</b>	<b>Hours per</b>
(Avoid abbreviating organization names)		(mm/yy)	(mm/yy)	<b>Week</b>

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**ESSAY RESPONSE (On separate paper, write an essay on one of the following topics (choose only one) provided that is between 650 to 900 words.)**

- Over the years there has been success in passing of legislation related to equality for individuals who have various disabilities. How do you feel the equality affects the deaf and hard of hearing communities and what could be done to improve the equality?
- What is your perspective of deaf or hard of hearing individuals actively involved in politics? What impact do you believe a deaf or hard of hearing individual's presence would make in the political realm and to the general public at large?
- You are completing your secondary education (pre-K through 12) and are preparing to enter postsecondary education. Describe personal challenges you have faced and what you learned and/or would do differently. Also share what you would like to see changed regarding your educational experience from pre-K through high school.

**MEDIA RESPONSE (10 to 15 minutes)**

This is your chance to share who you are, your educational experience and your goal(s) after high school. You may use the language modality that you are most comfortable using (i.e., speech, ASL, signed English, etc.). This presentation may be submitted via VHS, VHS-C, Mini DV or DVD format.

**REQUIRED CERTIFICATION AND RELEASE** (applicant must read and sign below to be eligible)

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I met all eligibility requirements as specified in this application and the accompanying instructions.
- I understand that I may only receive one scholarship administered by *AAD High School Scholarship Program*. I understand that application materials become the property of AAD and will not be returned.
- I hereby authorize AAD to utilize information about and from my application and my likeness for public relations purposes, publicity, or other scholarship opportunities.

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Applicant's Signature

Date

**Application Checklist**

Mail your application package postmarked on or before March 15, 2010 to:

Arkansas Association of the Deaf  
% High School Scholarship Program  
P. O. Box 55063  
Little Rock, AR 72215-5063

*Enclose all the following items (incomplete applications will not be reviewed):*

- Application
- Transcript
- Two Letters of Recommendation (or these may be mailed directly)
- Essay Response
- Media Response

## LETTER OF RECOMMENDATION

*(Provide this form to the individual from whom you are requesting a recommendation.)*

Mission: The AAD High School Scholarship Program is designed to assist high school students who are deaf or hard of hearing obtain a degree from an accredited U.S. postsecondary institution.

Applicant's full name: \_\_\_\_\_

### **Instructions to Applicant**

You will need to include two letters of recommendation from community leaders, teachers or advisor(s). At least one must be from the school you are currently attending. The letters must be current and may not be from a relative. You should fully apprise your recommender about the AAD High School Scholarship Program and your reasons for applying. Allow your recommender at least two weeks to write the letter. The letter must be confidential. Ask your recommenders to return the recommendation form and letter directly to AAD (postmark by March 15), or return to you in a sealed envelope with his or her signature written across the seal. Submit the sealed recommendations with your application on or before March 15 postmark deadline.

### **Instructions to Recommender**

The person named above is applying for an AAD High School Scholarship Program. Please type or write your commendation on the letterhead of your professional affiliation. We request your candid, written evaluation relative to the following:

- Academic record
- Academic plans and career goals
- Personal strengths, including motivation, leadership and commitment
- Community service and extracurricular activities

Please complete the information below and mail this form and your signed letter of recommendation directly to AAD or return to the student to be included in their packet.

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Recommender's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommender's name (please print): \_\_\_\_\_

Professional title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_