



**\$5,000 Scholarship Opportunity
for Deaf or Hard of Hearing High School Seniors**

Sponsored by Quota International of Northside Atlanta, Inc.

Quota International of Northside Atlanta offers the John T. Wheeler Memorial \$5,000.00 Scholarship to Georgia Deaf or Hard of Hearing High School Seniors who have a diagnosis of moderate to profound hearing loss. Applicants must be an American citizen, plan to attend college in the 2015-2016 school year, excel academically and be active in extra-curricular activities including, but not limited to, school clubs, community organizations, employment and volunteering.

Please complete all items on this form. Print clearly using blue or black ink. If space provided is inadequate, add sheets using the same format. Include your name and address on all attachments.

I. PERSONAL INFORMATION

Applicant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ SSN: _____ (must be provided if selected)

High School Name and Address: _____

II: PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian/Caregiver: _____

Relationship to Applicant: _____

Day Phone: _____ Email: _____

Place of employment and title: _____

III. POST-SECONDARY SCHOOL DATA – PENDING ENROLLMENT

List the colleges or universities to which you have applied and/or to which you have been accepted. List these in order of your choice.

First Choice:

Accepted? (circle answer) Yes No Pending

Second Choice:

Accepted? (circle answer) Yes No Pending

Third Choice:

Accepted? (circle answer) Yes No Pending

Intended Major: _____

IV. SCHOOL ACTIVITIES, AWARDS & HONORS

List all school and community activities in which you have participated during the past four years. Note all leadership positions held, special awards and honors. (Attach separate sheets as needed.)

Activity	Years Participated	Special Awards or Honors	Offices Held

V. COMMUNITY, VOLUNTEER AND WORK ACTIVITIES

List all community and work activities in which you have participated during the past four years. Note all leadership positions held, special awards and honors. Include any experience within the Deaf community, such as attending Camp Julienna or similar activities. (Attach sheet if needed.)

Activity	Years Participated	Special Awards or Honors	Offices Held

VI. Level of hearing loss

A. Level of loss: right ear _____; left ear _____

Attach documentation of hearing loss.

B. Do you wear hearing aids? Yes____; No____

If so, do you find the hearing aids to be sufficient for your hearing in class? Yes____; No____

Do you use ASL as a means of communication? Yes____; No____

Do you finger-spell as a means of your communication? Yes____; No____

Do you need an interpreter with you during class time and/or at various times? Yes____; No____

Do you foresee need for special communication devices or interpreters as you move forward in you schooling? Yes____; No____

C. Have you had a Cochlear implant? If so, right ear____; left ear____; both ears____.

VII. TRANSCRIPT SUMMARY

An official transcript of grades must be sent with this application.

Applicant ranks: _____ in a class of: _____ GPA (4.0 Scale): _____

SAT Score (note if score is based on 2- or 3-part test): _____ ACT Score: _____

VIII. ESSAY / PERSONAL SKETCH

In an essay/personal sketch, no longer than two typed double-spaced pages, provide an autobiography, including future plans and career goals.

Deadline: Completed packets must be postmarked by 5:00 p.m. on March 31, 2015.

Your application packet must include the following documents:

Completed application

1. Documentation of hearing loss
3. Typed essay/personal sketch (no more than two double-spaced pages)
4. Official transcript of grades through the most recent term
5. Acceptance letter or other evidence to confirm admission to a college (must show proof of acceptance before scholarship is awarded)
6. Two letters of recommendation from adult contacts at school, work or extracurricular activities (include contact information, address, phone number and email for the persons submitting letters)

Return completed application in one packet to:

Sarah Moore
Quota International of Northside Atlanta
6465 Bridgewood Valley Road
Sandy Springs, GA 30328

I certify that the information provided is complete and accurate to the best of my knowledge and is my own work. I understand that falsification of information will result in termination of any scholarship granted. I understand that late and incomplete applications will be disqualified.

The undersigned further holds "Quota International of Northside Atlanta" harmless for any and all claims arising out of applicant's application, including but not limited to claims arising from dissemination of any information contained herein.

Signature: _____ **Date:** _____

Winning applicant will be notified on or before April 30, 2015.

To learn more about Quota, a service organization focused on providing assistance to deaf and hard-of-hearing individuals, log on to: www.quota.org.

