



Application Deadline: March 15, 2024

Date: September 2023

TO: Financial Aid Offices/Speech & Hearing, Social Work and Education Department Chairs,
High School Counselors

FROM: Quota International of Massillon Scholarship Committee

RE: \$1500 Scholarships available to students (see criteria below)

Quota International of Massillon is a 501(c)(3) service organization whose mission is to assist/help those with speech/hearing impairments and disadvantaged women and children.

Criteria for Scholarship: Student must be either a:

- 1) College Senior, Graduate Student, or Doctoral Student pursuing a career in the field of Speech Language Pathology, Audiology, Deaf Education, Social Work, Early Childhood Education, Special Needs Education, Counseling, or related fields.
- 2) High School Senior that is deaf or hard of hearing.

Please provide the attached application to any students who may qualify for these scholarships. The application may also be accessed and submitted online at www.massillonquota.org.

Thank you for your assistance.

If you have any further questions, please feel free to contact:

Kristi Floom, Scholarship Committee Co-Chair
kakrisher@sbcglobal.net or #330-418-7268

Susan Bussard, Scholarship Committee Co-Chair
sbussard@sssnet.com or #330-687-7386

**QUOTA INTERNATIONAL OF MASSILLON
SCHOLARSHIP APPLICATION**

Date: _____

Name: _____

Address:

Phone _____ Email _____

How did you hear about this Quota Scholarship? _____

Are you deaf or hard of hearing?

_____ Yes

_____ No

Current Academic Status:

_____ College Senior

_____ Graduate Student

_____ Doctoral Student

_____ High School Senior (deaf or hard of hearing) please attach a copy of your most recent audiogram.

Name of High School from which you graduated/or are currently attending:

Name/Address of College or University:

Are you pursuing a career in the field of:

_____ Speech Language Pathology

_____ Audiology

_____ Deaf Education

_____ Social Work

_____ Early Childhood Education

_____ Special Needs Education

_____ Counseling

_____ Other Related Field _____

QUOTA INTERNATIONAL OF MASSILLON SCHOLARSHIP APPLICATION

If you need more space than provided in any of the sections below, please type your information on a separate document and attach it to this application.

A) What else can you tell us about yourself that will help in our decision to award you this scholarship? _____

B) Please describe any community service you are involved in. _____

C) If you are deaf/hard of hearing, please tell us about the challenges you face/obstacles you have overcome. _____

D) Tell us about any volunteer experience. _____

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E) Describe any experiences you have had helping individuals who have faced challenges due to speech & hearing impairments, poverty, disabilities, or other issues. _____

F) List any high school/college activities you have been involved in. _____

G) List any honors, awards and community recognition you have received. _____

H) List your work experience. _____

QUOTA INTERNATIONAL OF MASSILLON SCHOLARSHIP APPLICATION

Please send:

Two letters of reference

Current official Transcript

If deaf or hard of hearing – a copy of your most recent audiogram

Completed Application

To: Quota International of Massillon Scholarship Committee

c/o Kristi Floom

7463 Shady Hollow Rd. NW

Canton, OH 44718

Application must be received no later than March 15, 2024