



Quota International of Massillon

P.O. Box 81
Massillon, Ohio 44648

CANDY LAUTENSCHLEGER MEMORIAL SCHOLARSHIP
DARRELYN BURSEY MEMORIAL SCHOLARSHIP
APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

ACADEMIC STATUS (PLEASE CHECK ONE):

_____ High School Senior

_____ College Freshman

_____ College Sophomore

_____ College Junior

_____ College Senior

_____ Graduate School

WHAT SEMESTER/YEAR WILL THIS SCHOLARSHIP BE USED?

NAME/ADDRESS OF COLLEGE OR UNIVERSITY:

MAJOR FIELD OF STUDY: _____

EXPECTED DATE OF GRADUATION: _____

HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM QUOTA INTERNATIONAL BEFORE?

_____ YES _____ NO

ARE YOU CURRENTLY RECEIVING, OR DO YOU EXPECT TO RECEIVE, ANY OTHER TYPE OF FINANCIAL ASSISTANCE FOR COLLEGE EXPENSES?

_____ YES _____ NO

IF YES, PLEASE LIST TYPES OF ASSISTANCE (LOANS, SCHOLARSHIPS, GRANTS) AND THE AMOUNTS:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

ARE YOU PURSUING A CAREER IN THE FIELD OF AUDIOLOGY, SPEECH/LANGUAGE PATHOLOGY, OR DEAF EDUCATION?

_____ YES _____ NO

ARE YOU DEAF OR HEARING IMPAIRED?

_____ YES _____ NO

(IF YES, PLEASE ATTACH A CURRENT AUDIOGRAM OR AUDIOLOGICAL REPORT TO VERIFY HEARING LOSS.)

WHAT ELSE CAN YOU TELL US ABOUT YOURSELF THAT WILL HELP IN OUR DECISION TO AWARD YOU THIS SCHOLARSHIP? PLEASE INCLUDE ALL COMMUNITY SERVICE, VOLUNTEER EXPERIENCES, SPORTS, OR CLUBS THAT YOU ARE INVOLVED IN. DO YOU HAVE ANY EXPERIENCE HELPING INDIVIDUALS WHO HAVE SPEECH AND/OR HEARING IMPAIRMENTS? TELL US ABOUT YOUR EXPERIENCES: (Add additional page if necessary.)

SCHOOL HONORS AND/OR COMMUNITY RECOGNITION:

WORK EXPERIENCE:

PLEASE ATTACH:

**TWO LETTERS OF REFERENCE
TRANSCRIPT OF GRADES
AUDIOMETRIC INFORMATION (IF HEARING IMPAIRED).**

RETURN ALL MATERIALS TO:

**QUOTA INTERNATIONAL OF MASSILLON
SCHOLARSHIP COMMITTEE
PO BOX 81
MASSILLON OH 44648
Or email to susan.bussard@email.sparcc.org**

APPLICATION MUST BE RETURNED NO LATER THAN APRIL 15, 2018.