

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

_____ GraduateSchool

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:

SUSAN BUSSARD

2498 PIGEON RUN SW

MASSILLON, OH 44647

or email to sbussard@sssnet.com

APPLICATION MUST BE RETURNED NO LATER THAN **June 15, 2020.**