



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](mailto:susan.bussard@email.sparcc.org)**

APPLICATION MUST BE RETURNED NO LATER THAN **APRIL 15, 2019.**

