



COLLEGE SCHOLARSHIP AWARD 2005/2006

The Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) offers College Scholarship Awards to full-time students who are deaf and hard of hearing who are enrolled or have applied to a mainstream college or university. Preference is given to undergraduates. All fields of study are welcome. Students must demonstrate a serious commitment to academic and career excellence. These scholarship awards may be used to reduce tuition fees, room and board, books, classroom materials, and etc.

Qualified candidates MUST meet the following criteria:

- Have been diagnosed with a moderate to profound hearing loss prior to acquiring spoken language. (Hearing loss averages 60dB or greater in the better ear in the speech frequencies of 500, 1000, and 2000 Hz.) The average hearing loss is computed by adding together the decibel values at 500, 1000, and 2000 and dividing the sum by 3. This is done separately for each ear. Please consult with your audiologist if you meet the hearing loss criteria of the scholarship program.
- Use spoken communication as their primary mode of communication.
- Are enrolled or have applied full-time to a mainstream college or university.

The following materials must be submitted along with your completed application:

A signed unaided and aided audiogram in the last 12 months. For those with cochlear implants, please include an audiological report in the last 12 months.

A brief statement by a parent or relative indicating that you experienced hearing loss prior to acquiring spoken language.

An essay (approximately one page) discussing your career goals and how using oral communication is helping you to reach these goals as a person with a hearing loss. The essay will become the property of AG Bell.

Certified official high school transcripts or college courses completed.

Three letters of recommendations must be included with your application. Please note: the recommenders cannot be relatives and you must sign a waiver of access form before sending it to the three recommenders..

One letter of recommendation from an individual who can personally testify to your academic abilities and personal character.

Second letter of recommendation from an individual who can personally testify to your academic abilities and personal character.

Third letter of recommendation must be from a current national or international AG Bell member.

COMPLETED APPLICATIONS MUST BE RECEIVED BY FEBRUARY 15, 2005

Late and/or incomplete applications **will not** be considered.

Please Mail To:

**Alexander Graham Bell Association for the Deaf and Hard of Hearing(AG Bell)
Attention To: Director of Financial Aid and Scholarship Programs
3417 Volta Place, NW
Washington, D.C. 20007**



**College Scholarship Award Application
2005/2006**

I. Information about the applicant:

Name: _____
(First) (M.I.) (Last Name)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code) (Country)

Home Phone: _____ Email: _____

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____
(Mo.) (Date) (Yr.)

Citizenship: U.S. _____ Other: _____

Parent/Guardian's Name _____

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code) (Country)

II. AG Bell Membership Information:

Membership in the Alexander Graham Bell Association for the Deaf and Hard of Hearing, while not required, is strongly encouraged. If you wish to receive membership information, please go to our website at www.agbell.org and go to the membership area where you can join on-line or download a membership application. For membership inquiries, please contact membership department at membership@agbell.org or please call 202/337-5220.

Please complete the following questions. Please type or use ink only.

1. Are you a current national or international AG Bell member? Yes No
2. If no, would you like to receive membership information? Yes No
3. How did you learn about the College Scholarship Award?

III. Audiological Information:

Please note: Applicants must include an unaided and aided audiogram in the last 12 months. For those with cochlear implants, please include most recent audiological mapping report for cochlear implant.

1. Were you born with a severe or profound hearing loss in both ears? Yes No
2. If no, did you experience the hearing loss prior to acquiring language? Yes No
3. Age at which your hearing loss was discovered: _____
4. Age you were fitted with hearing aids: _____ One aid Two aids
5. Age and year at which you received your cochlear implant (if applicable): _____
6. Do you have any other disabilities? Yes No If yes, please specify:
:

7. Please rate your ability to use your residual hearing in understanding speech:

I depend on my residual hearing to a great degree.
My residual hearing provides very little help.
My residual hearing is of no use.

8. Please rate your speech intelligibility:

Most people do not have difficulty in understanding my speech.
People whom I meet for the first time sometimes have difficulty understanding me
Friends and family sometimes have difficulty understanding me.
My relatives often clarify what I am saying for other people.
Often, I have difficulty making myself understood.

IV. AG Bell College Scholarship Award:

1. Have you ever applied for an AG Bell College Scholarship Award before? Yes No
2. Have you been awarded an AG Bell College Scholarship Award before? Yes No
3. Have you ever received any other financial aid from AG Bell? (E.g. Parent-Infant, Arts and Sciences, and School Age Financial Aid Awards).
4. If yes to question 2 and/or question 3, please indicate award(s), year(s), and amount(s) in the chart::

3. Third choice: _____ Have you been accepted?

4. Please indicate your costs of your top three colleges/universities:

	First choice	Second choice	Third choice
Tuition			
Room and board			
Books or classroom materials			
Other Costs			
Total Cost			

IX. Other Sources of Funding:

Student: \$ _____

Family: \$ _____

Employment:

Federal or state grant(s)

Scholarship and loan

X. Financial Background: (This information is mandatory and confidential):

1. Father's occupation: _____ Income: \$ _____

2. Mother's occupation: _____ Income: \$ _____

3. Your occupation: _____ Income: \$ _____

4. Please indicate any extenuating circumstances that may demonstrate financial need (e.g. unemployment, single parent, siblings in college, parent's disabilities, etc.)

XI. Career Objective:

1. I am currently in my _____ year of high school/ college. (Please circle one)

2. I am not currently enrolled in college but have been accepted at _____.

3. I have declared as my major: _____

4. I have declared as my minor: _____

5. My career objective is: _____

XII. Essay:

Please submit a one-page essay discussing your career goals and how oral communication is helping you to reach these goals as a person with an hearing loss. The essay becomes the property of AG Bell (Please type or print on a separate piece of paper).

XIII. Publicity:

If I am a recipient, I give permission to the Alexander Graham Bell Association for the Deaf and Hard of Hearing to release information to the media (with the exception of financial status) and to Chapters and International affiliates. **Upon the receipts of the funds, I will provide photograph(s) to the association for our membership magazine, *Volta Voices*. Please note that once photographs are submitted, they become property of the association and maybe be used for purposes of promoting the work of Alexander Graham Bell Association for the Deaf and Hard of Hearing.**

XIV. Agreement:

This is to certify that I, _____ understand that receipt of award funds is contingent upon my full-time attendance at a college or university in a mainstream setting for 2005-2006. Further, I certify that to the best of my knowledge, all information in the application is true and accurate. I understand all decisions made the College Scholarship Committee are final and confidential.

Please sign below:

Name of Applicant (Please print)

Signature of Applicant

Date