

### **The Purpose of PSAD Scholarship**

The intended purpose of the PSAD Scholarship is to support deaf and hard of hearing individuals who desire to pursue or enhance a career.

Up to four (4) Scholarships are awarded annually to selected deaf and hard of hearing individuals in the State of Pennsylvania who wish to continue their education or career which focuses on the nurturing of deaf and hard of hearing children. This could include, but is not necessarily limited to, early childhood education, public school teaching, social work and the medical field.

### **Application Process**

- 1.** All application forms, letters of reference and essays must be received and postmarked by May 1<sup>st</sup>. Incomplete applications will not be considered.
- 2.** All applications will be reviewed by May 25<sup>th</sup>, and the most qualified applicant(s) will be selected.
- 3.** A \$1,000.00 check will be sent to the College/University of one's choice after the College/University transcript (3.0 or greater or 26 credits for College/University students) is sent to PSAD and it is reviewed.
- 4.** You will be notified once the decision has been approved. Winners will also be announced through the PSAD Website: [www.PSAD.org](http://www.PSAD.org)

### **Completed Application Forms and Letters of Reference shall be sent/forwarded to:**

PSAD Scholarship  
C/O Landen K. Stroud  
P.O. Box 42  
Middlebury Center, PA 16935

Any questions, please email: [LKS@PSAD.org](mailto:LKS@PSAD.org)  
**PSAD SCHOLARSHIP APPLICATION**

(Please type or print clearly in blue or black ink. All information is required.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Middle Last) (MM/DD/YYYY)

Address: \_\_\_\_\_  
(Full Street Address City State Zip Code)

Phone: \_\_\_\_\_ VP: Other:

E-mail:



**College/University Information**

Name of College/University attending:

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Name of Contact:

Date of Semester/Enrollment:

Attach letter of proof of College/University Acceptance:

Any Questions, please contact [LKS@PSAD.org](mailto:LKS@PSAD.org)  
**PSAD SCHOLARSHIP APPLICATION**

**Applicants: On a separate sheet of paper, please provide the following information:**

**I. COMMUNITY SERVICE**

Please list all areas of community service, in what capacity you participated, and dates of service.

**II. OTHER ACTIVITIES**

Please list all other activities and associations in which you are or have been involved and your role within each.

**III. PROPOSED USE OF SCHOLARSHIP**

Prepare an essay of approximately 300 words, which includes biographical information, about your goals educationally and the reason that you are requesting financial assistance. Please be specific. What are you seeking to achieve? How will you use this scholarship? Kindly include whether you have applied to and/or have been accepted to an academic program.

**IV. REFERENCES**

So that full consideration may be given to your application, please have Letters of Reference sent from at least two people from three areas: Academic, Employer, and/or Civic Engagement/Involvement. The PSAD Scholarship Committee must receive all Letters of Reference no later than the application deadline: **May 1<sup>st</sup>**.

It is the responsibility of the applicant to request the Letters of Reference and ensure that they are completed and forwarded to the committee.

Indicate below the Name, phone number and the relationship of the references to you.

	<b>NAME</b>	<b>PHONE #</b>	<b>RELATIONSHIP</b>
<b>Academic</b>			
<b>Employer</b>			
<b>Civic Engagement/ Involvement</b>			

To the best of my knowledge, I declare the above information to be true:

**Signature: Date:**

Application and Letters of Reference must be postmarked by the Deadline of: **May 1<sup>st</sup>**. All Applications and

Letters of Reference are confidential. Submissions must include the following:

- Completed and signed application
- One page essay describing your career interests
- Student’s official transcript showing:
- Grade Point Average (GPA) must be at 3.0 or greater.
- At least 26 credits are earned for college students.

Any questions, email: [LKS@PSAD.org](mailto:LKS@PSAD.org)

**CONFIDENTIAL RECOMMENDATION FOR PSAD SCHOLARSHIP**

**Part A: Applicant must complete this section of this form**

**Applicant's Name:** \_ (Please print clearly)

**Applicant's Waiver of Right to Read this Completed Recommendation:**

I hereby waive my right to review this reference.

**Applicant's Signature Date** \_

**Part B: Reference person must complete this section of this form**

- Attachment is permitted. The form must be used separately by each Reference person.
- Please comment on the applicant's character and abilities, which make him/her an ideal candidate for this award. • We would like to know your impressions of the candidate's leadership abilities, affiliations with deaf community, personality characteristics, which may lead this individual to become a proud member of the Pennsylvania Society for the Advancement of the Deaf, Inc.

**Reference Person Name:**

**Print Signature Date**

**Confidential Recommendation shall be forwarded to:**

**PSAD Scholarship c/o Landen K. Stroud  
P.O. Box 42, Middlebury Center, PA 16935**

**By May 1<sup>st</sup>**