



Serving with Purpose. Leading with Equity Since 1881

PSAD Scholarship Application

Established in 2012

Pennsylvania Society for the Advancement of the Deaf, Inc.

Website: www.psad.org

Email: Scholarship@psad.org

Purpose of the PSAD Scholarship

The PSAD Scholarship was approved by the PSAD Board of Managers in 2012.

The intended purpose of this scholarship is to support deaf and hard of hearing individuals in Pennsylvania who desire to pursue or enhance a career that focuses on nurturing deaf and hard of hearing children.

Fields of study may include, but are not limited to:

- **Early Childhood Education**
- **Public School Teaching**
- **Social Work**
- **Medical Field**
- **Accredited Trade Schools**

General Scholarship Information

- **Applicants must have a GPA of 3.0 or higher.**
- **College or trade school students must have at least 26 earned credits.**
- **Applications must be received by May 1st of each year.**
- **Scholarship amount: \$1,000 (awarded in June).**
- **Checks are sent directly to the college or trade school after receipt of an official transcript.**
- **Scholarships are awarded to:**
 - **Three (3) high school seniors**
 - **One (1) undergraduate college student**
- **Community service, activities, and leadership are considered.**
- **Applicants may apply for up to four (4) years.**
- **All applications are confidential.**

PSAD SCHOLARSHIP APPLICATION

Application Process

- **All forms, essays, and letters of reference must be postmarked by May 1st.**
 - **Incomplete applications will not be considered.**
 - **Applications are reviewed by the Scholarship Committee and submitted to the PSAD Board for final approval.**
 - **Award recipients will be notified and announced on the PSAD website.**
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Submission Address

Completed applications and letters of reference must be sent to:

PSAD Scholarship
c/o Grace Shirk-Emmons
1961 New St.
East Petersburg, PA 17520

Or email to: Scholarship@psad.org

Applicant Instructions

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

Applicant Information

Name: _____
(First / Middle / Last)

Date of Birth (MM/DD/YYYY): _____

Address: _____
(Street, City, State, Zip)

Phone: _____

VP: _____

Other: _____

Email: _____

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College / Trade School Information

Name of Institution: _____

Address: _____

Phone Number: _____

Contact Person: _____

Semester / Enrollment Date: _____

Attach proof of acceptance from college or accredited trade school.

Additional Required Information

Please submit the following on separate sheets of paper:

I. Community Service

List all community service activities, your role, and dates of service.

II. Other Activities

List all extracurricular activities, associations, and leadership roles.

III. Proposed Use of Scholarship (Essay)

Write an essay of approximately 300 words that includes:

- **Biographical information**
- **Educational and career goals**
- **Reason for requesting financial assistance**
- **Intended use of scholarship funds**
- **Status of academic program applications or acceptance**

IV. References

Submit letters from at least two (2) references in the following areas:

- **Academic or Trade**
- **Employer**
- **Civic Engagement / Community Involvement**

Letters must be received by May 1st.

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Reference Information

Name	Phone Number	Relationship	Area
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Applicant Certification

I certify that all information provided in this application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Required Application Materials

All submissions must include:

- **Completed and signed application**
- **One-page essay**
- **Official transcript showing:**
 - **GPA of 3.0 or higher**
 - **At least 26 credits (for college students)**
- **Two (2) or more letters of reference**

Confidential Recommendation

PSAD SCHOLARSHIP APPLICATION

Form

Part A: Applicant Section

Applicant Name: _____

I hereby waive my right to review this completed recommendation.

Applicant Signature: _____ **Date:** _____

Part B: Reference Section

(Completed by Reference Person)

Attachments are permitted. Each reference must use a separate form.

Please comment on the applicant's:

- **Character and integrity**
- **Leadership abilities**
- **Involvement in the Deaf community**
- **Personality and professionalism**
- **Potential for future contribution to PSAD**

Reference Name: _____

Signature: _____ **Date:** _____

Recommendation Submission

Send completed recommendations to:

PSAD Scholarship
c/o Grace Shirk-Emmons
1961 New St.
East Petersburg, PA 17520

Or email: Scholarship@psad.org

Deadline: May 1st

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All recommendations are confidential.