

## Hamilton Relay Scholarship Application School Year 2012-2013

(You may print or type responses on this form, or reproduce form on computer.)

- Deadline is March 1, 2013 (application must be postmarked by this date).
- The scholarship will be awarded to a graduating high school senior who is deaf, hard of hearing, deaf-blind or has difficulty speaking.
- Applicant must complete this application in its entirety and include:
  - Response to Essay Question
  - Letter of Recommendation
- Applicant and/or a parent or guardian, if under the age of 18, must read and sign the enclosed talent release form and submit with application.
- Please clip all attachments together with application. Do not staple. Do not include binders or report covers with your submission.
- If a question is not applicable to you, please write "NA" (do not leave question blank).

## **Applicant Information:**

Name (First, Middle, Last):		
Date of Birth (MM/DD/YY):	Gender: M	_ F
Address:		
Student E-mail:		
Home Telephone (Voice/TTY/Internet Relay/V		. ,
Parent/Guardian Name(s):		

Parent/Guardian Contact Information:
High School Attended / Graduation Date:
High School Counselor's Name:
High School Telephone Number: Current GPA
High School Address:
How did you hear about the Hamilton Relay Scholarship?
The \$500 scholarship is intended for a graduating senior who is Deaf, Hard of Hearing, Deaf-Blind, or has Difficulty Speaking. Please indicate your position.  Deaf Hard of Hearing Deaf-Blind Speech Difficulty
Essay: Please write a short, one page essay in answer to the question below:
Of all the services available from Hamilton Relay, which would you find most beneficial to you in your college career and how will that impact your future career / volunteer goals?
List clubs, sports, organizations, community service and activities that you have been involved in during your high school years:
Work Experience:

Please list the school you plan to attend in the Fall of 2013. If you have not chosen a school, please list the schools you have applied to/been accepted for admission:		
Please list your po	otential field of study:	
application, I certify ability and understamy application. I witto be postmarked baward, I agree to chamilton Relay. I understant to the control of the cont	e submitting your scholarship application: By submitting this that the information contained therein is correct to the best of my and that false information or omission of data may result in denial of Il provide all materials to the Hamilton Relay scholarship committee by March 1, 2013. If chosen for the Hamilton Relay \$500 Scholarship complete the Scholarship Recipient's Agreement Form and return it to inderstand that if I do not comply with this requirement, my will be awarded to the selected alternate.	
Signed:	Date:	
For minors (students ur	nder the age of 18):	
Parent Signature	Date:	
	I have included a Letter of Recommendation from a faculty/ staff member at my High School or from a current or past Employer.	
	I have included the Application Form with a one page Essay.	
	I have included the signed Talent Release Form.	
	required materials collectively by mail on or before March 1, must be postmarked by this date) to:	
Hamilton R Hamilton R	elay Scholarship Committee elay	

Hamilton Relay Scholarship Committee Hamilton Relay 1001 12<sup>th</sup> Street Aurora, NE 68818