

# Quota International of Massillon

P.O. Box 81  
Massillon, Ohio 44648

TO: Guidance Counselors  
Speech Language Pathologists  
Special Education Directors/Consultants

FROM: Susan Bussard, Scholarship Committee Chairperson

RE: The Candy Lautenschleger and Darrelyn Bursey Memorial Scholarship  
Applications

DATE: March 6, 2018 **Scholarship deadline: April 15, 2018**

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Following is information about two scholarships that are offered by Quota International of Massillon for students with hearing loss, as well as for students pursuing a career in the field of speech and hearing.

Quota International, Inc. is a service organization whose primary area of service is to people with speech and hearing impairments. Quota International of Massillon is offering two \$2000 College Scholarships for the 2018/2019 school year – The Candy Lautenschleger Memorial Scholarship and The Darrelyn Bursey Memorial Scholarship. Each scholarship will be given to a student who is either deaf/hearing impaired, or who is pursuing a career in the field of speech and hearing or deaf education. Preference is given to students who reside in Stark County.

Please provide the attached application to any students you are aware of who may qualify for this scholarship. The application may also be accessed at [www.massillonquota.org](http://www.massillonquota.org)

If you have any further questions, please feel free to contact me at [susan.bussard@email.sparcc.org](mailto:susan.bussard@email.sparcc.org)

Thank you for your assistance.

# **Q**uota International of Massillon

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, 2018.**