

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

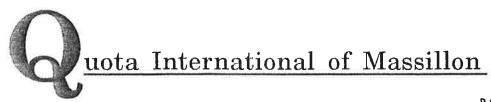
Following is information about two scholarships that are offered by Quota International of Massillon for students with hearing loss, as well as for students pursuing a career in the field of speech and hearing.

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 <a href="https://www.massillonguota.org">www.massillonguota.org</a>

If you have any further questions, please feel free to contact me at susan.bussard@email.sparcc.org

Thank you for your assistance.



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## CANDY LAUTENSCHLEGER MEMORIAL SCHOLARSHIP DARRELYN BURSEY MEMORIAL SCHOLARSHIP APPLICATION

DATE:	
NAME:	= <del></del> >
ADDRESS:	
PHONE NUMBER:	<del></del>
EMAIL ADDRESS:	
DATE OF BIRTH:	
ACADEMIC STATUS (PLEASE CHEC	CK ONE):
High School Senior	College Freshman
College Sophomore	College Junior
College Senior	Graduate School
WHAT SEMESTER/YEAR WILL THIS	S SCHOLARSHIP BE USED?
NAME/ADDRESS OF COLLEGE OR U	JNIVERSITY:

MAJOR FIELD OF STUDY:	
EXPECTED DATE OF GRADUATION:	<del></del>
HAVE YOU EVER RECEIVED A SCHOLAI INTERNATIONAL BEFORE?	RSHIP FROM QUOTA
YES NO	
ARE YOU CURRENTLY RECEIVING, OR I ANY OTHER TYPE OF FINANCIAL ASSIS EXPENSES?	
YES NO	
IF YES, PLEASE LIST TYPES OF ASSISTANCE (LOANS, SCHOLARSHIPS, GRANTS) AND THE AMOUNTS:	
,	\$
	\$
	\$
	\$
ARE YOU PURSUING A CAREER IN THE ISPEECH/LANGUAGE PATHOLOGY, OR D	EAF EDUCATION?
ARE YOU DEAF OR HEARING IMPAIRED	
	•
YESNO	
(IF YES, PLEASE ATTACH A CURRENT AUDIOG TO VERIFY HEARING LOSS.)	RAM OR AUDIOLOGICAL REPORT

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

APPLICATION MUST BE RETURNED NO LATER THAN APRIL 15, 2018.