

Application Form

About This Scholarship. The purpose of the Scholarship for Deaf is to support the continuing education of Deaf. The amount of the scholarships vary with the number of awards given each year and by the growth of the scholarship fund and can only be applied to the cost of tuition and books at not-for-profit schools. Awards are at least five hundred dollars (\$500)

This scholarship is funded by a Trust for Scholarship Awards for Deaf Poets established as a Donor Guided Fund at Fidelity Charity. Fidelity Charitable's federal Tax Identification Number is: 110303001. The scholarship's fund ID at Fidelity is #1209816. The scholarship and other awards for Deaf poets are administered through the <http://www.chapbooklets.com> web site

Requirements

- Any Age
- Resident of Orange or Seminole County, Florida graduate or Past FSDB Student
- High School Graduate or GED required Anticipated
- Parent or guardian approval if under age 18
- No GPA or grade history requirements
- Submitted completed application

Instructions

Fill out this form and email it to associate@chapbooklets.com to apply for this Scholarship for Deaf.

1. Contact us at associate@chapntries.phpbooklets.com for any questions or problems related to your scholarship application.
2. Download and save this PDF form in a location such as your documents folder.
3. Open the PDF file that you saved for editing. This works best in Chrome browser, Internet Explorer above version 10, Adobe Acrobat or Reader.
4. *Hint: Files can be saved in Chrome browser by using the CTRL+s shortcut; or opened using the CTRL+o shortcut*
5. Answer the questions in each of the seven sections that begin on the next page. Be sure the contact information email addresses and phone numbers are correct. Your email address will be used as your user name and also as the means for us to contact you. Be sure to save the password that you create.
6. It is a good idea to save the file frequently as you work.
7. Review your form for completeness and verify that all fields have correct entries.
8. Sign your application in section 7. If you are under the age of 18 then Have your parent or guardian also sign the application in section 7.
9. Save your file and email it to associate@chapbooklets.com.
10. We recommend that you print and keep a copy for your records.
11. Good luck!

Scholarship For Deaf

Section 1. Personal Information

First Name.....

Last Name

Address

Date of Birth.....

V.P. or Phone Number

Email

I identify myself as

Your Bio: *Tell us about yourself*

Section 2. Your School Information

Name of High School ..

Graduation Date

Teacher Name

School Address

School Phone Number ..

Teacher Phone Number ..

Teacher School Email ..

Do we have your permission to discuss your poetry with your teacher?

School you will attend ..

estimated cost

Anticipated funding *How much to you anticipate receiving from other scholarships, family contribution, etc.*

anticipated Funding ...

Section 3. Additional Information

Things we should consider: *Tell us anything that you think we should know in order to fairly evaluate your application.*

Section 7. Signatures and Permissions

Electronic Signature of Student

By entering my Full Name (**First and Last Name**) and today's Date in the box below I certify the following: 1) I am 18 years of age or older; 2) I wrote the poems submitted with (or in association of) this application, and that the information entered is accurate and true.

Applicant Signature ... _____
First Name, Last Name, Date

Parent or Legal Guardian Information, Permission, and Electronic Signature *Only Required if student is younger than 18 years of age*

I am the applicant's

Parent Name _____

Parent Address _____

Parent Email _____

Parent Phone _____

By entering my Full Name (**First and Last Name**) and today's Date in the box below I claim the following: 1) I am the parent or legal guardian of the above signed student; 2) I give my permission for the student to apply for this scholarship; 2) I believe the student wrote any poems submitted with this application, and that the information entered is accurate and true.

Parent Signature _____
First Name, Last Name, Date