

*Shaunta Renee Olson  
Memorial Scholarship*



*2020  
Scholarship Application*



**NATIONAL  
ALLIANCE OF  
BLACK  
INTERPRETERS  
Atlanta**



**Mission**

To Promote excellence and empowerment among African Americans/Blacks to achieve a level of professionalism in the sign language interpreting field where they are known as skilled credentialed and/or certified interpreters who assist others in achieving similar successes in a multicultural, multilingual environment.

**NAOBI-Atlanta Board**

Vicki Bass  
President

Jasmine Lowe  
Vice President

Crystal Hardy  
Secretary

L. Nia Knowles  
Treasurer

**2020 Shaunta Renee Olson  
Memorial Scholarship Application Checklist**

- Letters of Recommendation (Mandatory minimum of 2)
  1. Educational Instructor
  2. Community Member (Non-relative)
- Official School Transcript with Overall Grade Point Average  
(This transcript must include grades from your fall and spring semesters with seal of the school.)
- One Page Essay on Career Plans and Future Goals
- Separate Brief Description explaining “Why you should be selected as a 2020 S. Renee Olson Memorial Scholarship Honoree” (**No more than 100 words**)
- Résumé which provides work history, extracurricular activities and accomplishments
- \$25 non-refundable Application Fee (Check or money order should be payable to NAOBI-Atlanta, payment may also be made via PayPal on our website, [www.naobiatlanta.org](http://www.naobiatlanta.org) (convenience fee will apply))

**DECISION FACTORS**

**Eligibility:**

The successful candidate must be a Black Sign Language Interpreting student or any d/Deaf or Hard of Hearing person pursuing CDI certification training. Scholarship applicants must be a full/student member of NAOBI-Atlanta as of April 30, 2020, and a resident of Georgia

**Grade Point Average:**

Though we encourage students with a cumulative GPA of 3.0 or higher to apply for this scholarship, we will accept applications from any student who has demonstrated strong leadership skills and a record of community service. Our objective is to recognize high achieving candidates who are well rounded and have demonstrated a willingness and capacity to be an asset in helping to bridge the gap between the d/Deaf and hearing communities.

**Leadership Potential:**

Our goal is to identify candidates who understand how world affairs affect them and their community. The successful applicant will have a general understanding of local, state and national laws, as well as politically related views on deafness.

**Financial Need:**

All funds are to be paid directly to the student or to the organization hosting the CDI training.

## 2020 Shaunta Renee Olson Memorial Scholarship Application

Date: \_\_\_\_\_

Name:					
Current Address:					
City:		State:		Zip Code:	
Home Telephone:		Cell #:			
Email Address:					
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ethnicity:			
<input type="checkbox"/>					
<b>ACADEMIC INFORMATION</b>					
College Attending				Semester/Yr:	
Major:		GPA:		Expected Graduation:	
List any honors, special recognitions, prizes or certificates you have received during the past two					
Years.					
List any community activities you've been involved during the past year including any offices					
you've held.					
<b>FINANCIAL INFORMATION</b>					
<b>Please estimate college expenses per year. Use the college catalog for cost figures.</b>					
Tuition:	\$	Room/Board:	\$	Fees:	\$
Books:	\$	Scholarships Received:	\$	Grants:	\$
Loans:	\$	Financial Aid:	\$	Other:	\$
Gross Family	Under \$15K <input type="checkbox"/>				
Income:	\$15K - \$35K <input type="checkbox"/>				
	\$35K - \$65K <input type="checkbox"/>				
	\$65K - \$90K <input type="checkbox"/>				
	Over \$90K <input type="checkbox"/>				

**Attach a typed one-page statement about your career plans and goals, including information on any employment, community or volunteer work. Additionally, include a brief statement outlining why you should be selected as a 2020 Renee Olson Memorial Scholarship Honoree.**

I hereby affirm that the information provided on this application is true and accurate to the best of my knowledge. I understand that if awarded this scholarship, my continued financial support is contingent upon maintaining satisfactory academic progress and maintaining my status as a student in good standing.

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(Applicant Signature)

(Date)

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Please return this application, all required attachments and your \$25.00 non-refundable application fee to:

S. Renee Olson Memorial Scholarship  
c/o Ms. L. Nia Knowles  
P.O. Box 10947  
Atlanta, GA 30310

\*Note: Checks or money orders should be made payable to NAOBI-Atlanta. Payment may also be made via PayPal at [www.naobiatlanta.org](http://www.naobiatlanta.org) (convenience fee added). Applications must be received by noon on 6/13/2020. Applications may also be hand delivered to a NAOBI-Atlanta meeting no later than 12:00 noon on 6/13/2020 (fees also due on these dates). If you have questions, please send an email to [naobiatlsecretary@gmail.com](mailto:naobiatlsecretary@gmail.com).