



Quota International of Fort Lauderdale, Florida

Scholarship Application

Initial Application

Eligibility

1. Deaf, hard of hearing, or speech impaired students who plan to attend college or trade/technical school in the fall, or are now enrolled in college or trade/technical school; or,
2. Hearing students who are going into fields specifically tailored to helping the deaf or hard of hearing; and
3. Scholarships may also be granted to deserving hearing students pursuing other fields of study, though preference will be given to requests from 1 and 2 above.
4. Must be a resident of Broward County, even if attending Florida School for the Deaf or if the college or trade/technical school is outside of the county or state.

Instructions

1. Complete all information on application.
 - a. Save the application found in the qifortlauderdale.com website to your computer.
 - b. Print this PDF file. Note this is not a writable file. It's print only.
2. Scan and forward the following to verra.roth@gmail.com by 6/30/2019.
 - a. The completed application form below
 - b. A written essay of your educational goals (2 pages, double-spaced)
 - c. Two teacher references/recommendations
 - d. An official copy of your high school and/or college or trade/technical school transcript
 - e. A copy of your audiogram (if deaf or hard of hearing)
3. If scanning and emailing is not possible, please forward items 2a thru 2e via U.S. Mail.

Quota International of Fort Lauderdale c/o Mrs. Verra Roth
6731 NW 28 Avenue
Fort Lauderdale, FL 33334 CELL: 954-309-1814

Process

- Quota International of Fort Lauderdale members will review each application submission.
- The scholarship awardee will be notified in writing via Email.
- Upon notification, a picture of the awardee must be provided to Quota for publication purposes.
- Scholarship funds will be issued directly to the college or trade/technical school of applicant's choice.

Applicant Information

First Name	Last Name	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------	-----------	---

Permanent Home Address:	City	State	Zip Code	County
-------------------------	------	-------	----------	--------

Email	Telephone Number	Birthdate (Month/Day/Year)
-------	------------------	----------------------------

Educational Data

High School Attended	Cumulative GPA	Graduation Date
----------------------	----------------	-----------------

Scores: SAT <input type="checkbox"/> ACT <input type="checkbox"/> GRE <input type="checkbox"/> Other <input type="checkbox"/> Explain	Math	Verbal
---	-------------	---------------

College or trade/technical school Last Attended (if applicable)	Cumulative GPA	Last Year Attended
---	----------------	--------------------

List the colleges or trade/technical schools to which you have applied.	Accepted?
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

College or trade/technical school of choice	Student ID (If Known)	Select Your Year <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR
---	-----------------------	---

MAJOR	MINOR (if applicable)

Activities

List all your school activities below:	List all your community service activities:

QUOTA INTERNATIONAL OF FT. LAUDERDALE, FLORIDA

SCHOLARSHIP APPLICATION

Financial Information

Are you employed? If so, place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Hours per week? _____	Monthly Income?
---	----------------------------	-----------------

Anticipated college or trade/technical school costs?	If you're receiving financial aid, what type?	How much?
--	---	-----------

Are your parents able to financially contribute to your college or trade/technical school education?
Yes **No**

If yes, approximately how much?
Estimated yearly family income?

With whom do you live?
 Parents **Mother** **Father** **Guardian** **Other (Explain)**

Father's First Name	Father's Last Name	Occupation
---------------------	--------------------	------------

Permanent Home Address

City	State	Zip Code	Telephone
------	-------	----------	-----------

Mother's First Name	Mother's Last Name	Occupation
---------------------	--------------------	------------

Permanent Home Address

City	State	Zip Code	Telephone
------	-------	----------	-----------

I certify that the information on this application is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____