



Quota International of Fort Lauderdale, Florida

Scholarship Application

For students applying for subsequent scholarships.

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 (1 page, double-spaced)
 - c. An official copy of your college transcript
3. If scanning and emailing is not possible, please forward items 2a thru 2c 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 of applicant's choice.

**QUOTA INTERNATIONAL OF FT. LAUDERDALE
SCHOLARSHIP APPLICATION**

DATE: _____

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

College, University, or Trade School		Student ID	Select Your Year <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	
Major			Minor	

Activities

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

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Financial Information

Are you employed? If so, place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Hours per week? Click or tap here to enter text.	Monthly Income?
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Anticipated college costs?	If you're receiving financial aid, what type?	How much?
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Are your parents able to financially contribute to your college 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:** _____