

Quota International of Fort Lauderdale, Florida Scholarship Application

For students applying for subsequent scholarships.

Eligibility

- 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 6/30/2020.
 - 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

SCHOLARSHIP APPLICATION	DATE:								
Applicant Information									
First Name	Last N	ame	U.S. Citizen? ☐ Yes ☐ No						
Permanent Home Address:	City	/	State Zip Code		de	County			
Email	Telep	hone Number	Birthdate (Month/Day/Year)						
			·						
Educational Data									
College, University, or Trade School		Student ID	Select Your Year						
Major			Minor						
'									
Activities									
List all your school activities below:		List all your c	ommun	ity servi	re a				
List an your sensor activities below.		List an your c		ity servi		ctivities.			

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Financial Information								
Are you employed? If so, place of €	# Hours per week? Click or tap here to enter text.	, , , , , , , , , , , , , , , , , , , ,						
Anticipated college costs? If yo	ou're receiving financial aid, what type? How much?							
Are your parents able to financially contribute to your college education? Yes \(\subseteq \text{No} \subseteq \) 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 I	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:								