



EDUCATIONAL SCHOLARSHIP APPLICATION

All Submitted Information is Confidential

Requirements:

1. High School or College Student with a hearing disability.
2. Any College Student entering their junior, senior or graduate program years in the areas of Speech and Language Pathology, Deaf Education or Audiology.
3. The official application form must be properly filled out and submitted no later than **March 18, 2024**.
4. A current official transcript of all educational credits must be submitted with the application form.
5. The applicant must be a resident of one of the following Iowa counties: Benton, Cedar, Iowa, Johnson, Jones, Linn, or Washington. The college the applicant will be attending does not need to be in these counties.
6. The applicant does not need to be affiliated with a Quota member.

Instructions/Information for the Applicant:

1. Complete all sections of the application form.
2. Transcripts of credits must be attached to the application form.
3. Contact the 3 parties listed as references requesting them to send their letters of recommendation before the March 18, 2024 deadline.
4. The application, transcriptions, letters of recommendations and any other correspondence shall be emailed to dschebler@tsf-structures.com or mailed to:
Deborah Schebler
Quota of Cedar Rapids
3129 Thorncrest Lane NE
Solon, Iowa 52333
5. Upon Quota's receipt of application/transcripts/letters of recommendations, the applicant will receive an email verifying that their application was received and is complete for consideration.
6. Award notifications will be made in April 2024 by email.
7. Award(s) will be mailed directly to the educational institution(s) the awardee(s) will be attending to be used for tuition, books, and fees.
8. Scholarship award amounts and numbers vary annually. One student is limited to 2-years of awards and must reapply for second year consideration.
9. If you have questions, please do not hesitate to contact the Quota member listed above by mail, email or at 319-361-7923.

Applicant Information:

Applicant's Full Name (First, Middle and Last): _____

Current Residence Address: _____

Email Address: _____

Phone # (cell preferred) _____ Iowa Driver's License # _____



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Student ID # _____ Married: Yes ___ / No ___, # of Children _____

Have you previously received a Quota Scholarship? Yes ____, No ____, Date: _____, Amount: _____

Hearing disability (mild, moderate, severe, profound) that would qualify you for consideration? _____

Father's name: _____ Occupation: _____

Address: _____

Mother's name: _____ Occupation: _____

Address: _____

of Siblings: _____

Current School Attending: _____ Graduation Date: _____

Advanced training institute you are (or will be attending): _____

Address: _____

Projected Graduation date: _____

Major or Field of Study: _____

Source(s) of financial assistance: _____

Reason for requesting financial assistance: _____

Extracurricular Activity Involvement (school, community and other organizations, years involved in each and any leadership positions held): _____



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Work Experience (include organization, years involved, hours per week and position(s) held): _____

Awards and Recognition Received (Name and date): _____

Hobbies and Special Interest: _____
