

# **PSAD Scholarship**

**Established in 2012**



**Pennsylvania Society for the  
Advancement of the Deaf, Inc**

**Email: [scholarship@psadweb.org](mailto:scholarship@psadweb.org)**

**Website: [www.psadweb.org](http://www.psadweb.org)**

## The Concept and Purpose of this Scholarship:

The concept of this scholarship fund was approved by the PSAD Board of Managers in 2012.

Scholarship(s) are awarded annually to qualified deaf and hard of hearing applicants in the State of Pennsylvania who wish to pursue or enhance a career which focuses on the nurturing of deaf and hard of hearing children.

The intended purpose of the scholarship is to support those deaf and hard of hearing individuals who desire to attain or accomplish a goal or career.

This could include, but is not necessarily limited to, early childhood education, public school teaching, social work and medical field.



## General Scholarship Information:

Each year the Scholarship Committee will review applications based on a GPA of 3.0 or higher and at least (26 credits for college students).

Applications must be received by May 1st of each year. Application forms are available through PSAD's website: [www.psadweb.org](http://www.psadweb.org)

The scholarship award is \$1,000 which will be awarded in June of each year. Checks are sent directly to the college of one's choice after a transcript from the college is received.

Scholarships are given to three (3) high school seniors and one (1) undergraduate college student. Community service, other activities and interests will weigh in the final decision.

Applicants must include forms, letters of reference and recommendation and show their determination and commitment in completing their education.

All applications will be held in the strictest confidence.

The Scholarship Committee will oversee the application process and present them to the PSAD Board of Directors for their Consideration and final decision.

You may apply each year up to 4 years.

# **Pennsylvania Society for the Advancement of the Deaf, Inc.**

Website: [www.psadweb.org](http://www.psadweb.org)

Email: [scholarship@psadweb.org](mailto:scholarship@psadweb.org)

## **Scholarship Application**

The intended purpose of the scholarship is to support deaf and hard of hearing individuals who desire to pursue or enhance a career.

Up to four (4) Scholarship(s) are awarded annually to selected deaf and hard of hearing individuals in the State of Pennsylvania who wish to continue their education or career which focuses on the nurturing of deaf and hard of hearing children. This could include, but is not necessarily limited to, early childhood education, public school teaching, social work and medical field.

## **Application Process**

- 1.** All application forms, letters of references and essays must be received and postmarked by **May 1st**. Incomplete applications will not be considered.
- 2.** All applications will be reviewed by May 25th with the most qualified applicant(s) will be selected.
- 3.** Scholarship(s) will be awarded in June.  
\$1,000.00 check will be sent to college of one's choice after review of college transcript (3.0 or greater or 26 credits for college students) is sent to PSAD.

You will be notified once the decision has been approved.

Winners will also be announced through: [www.psadweb.org](http://www.psadweb.org)

**Completed Application Forms and Letters of Reference shall be forwarded to:  
PSAD Scholarship/Sharon Antal, PO Box 1179, Stroudsburg, PA 18360**

Any question, please email to:

**[Scholarship@psadweb.org](mailto:scholarship@psadweb.org)**

**Website: [www.psadweb.org](http://www.psadweb.org)**

# PSAD SCHOLARSHIP APPLICATION

Please type or print:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
(full street address, city, state, and zip code)

Phone: \_\_\_\_\_ VP: \_\_\_\_\_ or Other: \_\_\_\_\_

E-mail address: \_\_\_\_\_



College Information:

Name of College attending: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Date of Semester/Enrollment: \_\_\_\_\_

Attach letter of proof of College Acceptance: \_\_\_\_\_

## PSAD SCHOLARSHIP APPLICATION

On a separate sheet of paper please provide the following information:

### **COMMUNITY SERVICE**

Please list all areas of community service, in what capacity you participated, and dates of service.

### **OTHER ACTIVITIES**

Please list all other activities and associations in which you are or have been involved and your role within each.

### **PROPOSED USE OF SCHOLARSHIP**

Prepare an essay of approximately 300 words which includes: biographical information, about your goals educationally and the reason that you are requesting financial assistance. Please be specific. What are you seeking to achieve? How will you use this scholarship? Kindly include whether or not you have applied and/or been accepted to an academic program.

### **REFERENCES**

So that full consideration may be given to your application, please have Letters of Reference sent from at least two people from three areas: Academic, Employer, and Civic Engagement/Involvement. The PSAD Scholarship Committee must receive all Letters of Reference no later than the application deadline, May 1. It is the responsibility of the applicant to request the Letters of Reference and ensure that they are completed and forwarded to the committee.

Indicate below the Name, phone number and the relationship of the references to you.

|                                     | NAME | PHONE # | RELATIONSHIP |
|-------------------------------------|------|---------|--------------|
| Academic                            |      |         |              |
| Employer                            |      |         |              |
| Civic<br>Engagement/<br>Involvement |      |         |              |

To the best of my knowledge, I declare the above information to be true.

Signature: \_\_\_\_\_

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

Application and Letters of Reference must be postmarked by the Deadline of: **May 1**.  
All Applications and Letters of Reference are confidential.

Submissions must include the following:

- Completed and signed application
- One page essay describing your career interests
- Student's official transcript

Grade Point Average (GPA) must be 3.0 or greater  
At least 26 credits (applies to college students)

Any questions are to be emailed to: [scholarship@psadweb.org](mailto:scholarship@psadweb.org)

**CONFIDENTIAL RECOMMENDATION**

**FOR PSAD SCHOLARSHIP AWARD**

**Part A:** Applicant must complete this section of this form.

Applicant's Name: \_\_\_\_\_  
(please print clearly)

Applicant's Waiver of Right to Read this Completed Recommendation

I hereby waive my right to review this reference.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B:** Reference person must complete this section of this form.

Please comment on the applicant's character and abilities, which make him/her an ideal candidate for this award. We would like to know your impressions of the candidate's leadership abilities, affiliations with deaf community, personality characteristics, which may lead this individual to become a proud member of the Pennsylvania Society for the Advancement of the Deaf, Inc. Attachment is permitted.

\_\_\_\_\_  
Print name of Reference Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Confidential Recommendation shall be forwarded to:  
PSAD Scholarship/Sharon Antal, PO Box 1179, Stroudsburg, PA 18360**