

Dean Ritter Trust for the Deaf and Hard of Hearing Scholarship

SCHOLARSHIP

- The Dean Ritter Trust for the Deaf and Hard of Hearing Scholarship is a scholarship open to graduating high school seniors who are deaf or hard of hearing in the state of Illinois. The Dean Ritter Trust Scholarship is intended to cover tuition or related costs for the selected recipients to an accredited technical school or university. Recipients may use the funds received for any semester, including summer sessions, during the awarded academic year. For our 2017 Annual Scholarship, we will award scholarships varying between **\$1,000 and \$8,000 each**. Recipients will be chosen based on financial need and school and community involvement.

QUALIFICATIONS

- Must be a resident of the state of Illinois. The recipient of this scholarship **does not** need to be a U.S. citizen.
- Currently is a high school senior in good standing
- Have a significant (severe to profound) hearing loss in one or both ears
- Exhibit financial need

DEADLINE

- Completed applications should be submitted in their entirety either through our online application form found at <http://www.deanritter.org/2017-scholarship/> or post-marked no later than **Friday, March 17, 2017**, for consideration. If you choose to submit your application via mail please send your application to the following address:

Dean Ritter Trust for the Deaf and Hard of Hearing
2413 Algonquin Road #313
Algonquin, IL 60102

REQUIRED MATERIALS

- Completed Application
- 2 Letters of Recommendation
- Short Response and Essay
- Family Financial Information

NOTIFICATION OF RECIPIENTS

- Scholarship recipients will be notified, in writing, no later than April 15, 2017.

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Application:

*Note: All information provided will be strictly confidential and will only be viewed by the Dean Ritter Trust Scholarship selection committee. **Please print all information.***

Student Information

Name: _____ **Birthdate(MM/DD/YY):** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

E-Mail: _____

Alternative E-Mail: _____

Educational Information

High School

High School Name: _____ **Date Graduating** _____

High School Address: _____

City: _____ **State:** _____ **Zip:** _____

Cumulative GPA (as of completion of Fall 2016 semester): _____ **/4.0 unweighted scale**

College or University: *School the student will be attending on a full-time basis. If you have not yet determined a school or if your application is pending, please list your preferred school.*

College or University: _____

Area of Study: _____

Date Entering (MM/YY): _____ **Anticipated Graduation (MM/YY):** _____

Estimated total credits during the 2017-2018 academic year: _____

Estimated cost of tuition/books/supplies for 2017-2018 academic year: _____

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Verification of Information/Academic Release: My signature below signifies that the student stated in the above application is in good standing, all information provided is correct to my knowledge, and this student meets all of the listed qualifications of the scholarship.

Signature (Principal, Program Director, or Counselor)

Title

Date

Student Signature

Date

Dean Ritter Trust for the Deaf and Hard of Hearing Scholarship

Family Financial Information:

Please answer the following questions. All information provided will be strictly confidential and will only be viewed by the Dean Ritter Trust Scholarship selection committee.

1. With who do you currently live: (circle one)

a) both parents b) one parent c) step-parent d) other _____

2. How many people are living in your household, including parents and siblings?

3. Including yourself, how many immediate family members will be enrolled in a university or technical school, during the 2017 - 2018 school year?

4. List primary job, with company name, for the following persons, if applicable. If unemployed, note this and provide most recent job. If employed at home, list type of home-based business:

	<u>Job Title</u>	<u>Place of Employment</u>
Father	_____	_____
Mother	_____	_____
Legal Guardian (if not parents listed above)	_____	_____

5. Do you qualify for free or reduced lunches? (circle one) YES / NO

6. Who of the above provides your principal financial support? Circle that person or write another person here, with place of employment.

Name	Place of Employment
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7. How will you be paying for college and who will support you? For example, family contributions, scholarships, grants, student loans, etc.

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Short Response:

Please answer the following questions in the space provided.

Please describe your hearing loss:

Honors/Awards Received (Please provide the year(s) you received the award):

Extracurricular Activities (please include jobs held, community or volunteer activities, the corresponding year(s), and any leadership position that you have held):

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Please attach an essay answering the following questions. What do you hope to be doing 10 years from now? How will you achieve this goal (or what have you done to already prepare to achieve your goal) and how would receiving a scholarship from the Dean Ritter Trust help you in achieving your goals for the future? You may attach additional pages if necessary. Please keep your submission to 500 words or less.

Optional Essay: In addition to the above essay, please tell us about any special circumstances in your family that you believe would help us better understand your situation, or to provide any other information that you believe will help the Dean Ritter Trust better understand who you are and what you have done. You may attach additional pages if necessary. Please keep your submission to 500 words or less.

**Dean Ritter Trust for the Deaf and Hard of Hearing
Scholarship**

Letter of Reference:

Applicant: _____

Please type a summary highlighting your experience with this student. The following are areas you might want to consider: Work habits, school/community involvement, attitude toward peers, authority figures and learning, and reasons you feel s/he will be successful at the school or program of their choice.

Submitted by: _____

Title: _____ **Phone:** _____

E-mail: _____

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