Quota In Central Oregon is proud to award scholarships to the deaf and communication impaired and/or to individuals seeking education in a field that works with the deaf and communication impaired. The scholarships are used for pursuing a post-secondary degree or for continuing education.

**Selection Criteria:**

Applicants will:
1. Be deaf, communication impaired OR planning to pursue a career working with this population
2. Have a minimum cumulative GPA of 2.5
3. Submit a copy of their most recent transcript
4. Demonstrate leadership and school service activity involvement
5. Be active in the community
6. Submit the completed application which includes essay questions, references, and a release form.
7. Submit at least 2 letters of recommendation, with one being from an educator. The attached reference form may be used.
8. Enroll in the upcoming fall term

Completed applications must be received no later than *March 15th*

Mail application to: or Email to:
Quota In Central Oregon
Attn: Service Chair - Scholarship
PO Box 1372
Bend, OR 97709
QICO@gmail.com

*DEAF & COMMUNICATION-IMPAIRED applicants may submit this application throughout the year to request funds for tuition.*
QICO DEAF &/OR COMMUNICATION-IMPAIRED APPLICATION FORM

Name_____________________________________________________Date________________
(last)                                (first)                             (m.i.)

Home address__________________________________________________________________

City________________________ State_______________________ZIP Code________________

Telephone___________________ Email _____________________________________________

Are you a U.S. Citizen or Legal Resident Alien?  YES or NO

Birthdate_______________ How long have you resided in Central Oregon?_______________

Highest level of academic achievement______________________________________________

High school attended____________________________________________________________

GPA __________     When did you (or when will you) graduate? __________________________

Are you currently employed?  YES or NO

If yes, where? _____________________ Occupation: _________________________________

Marital status:     Single______     Married______     Separated______     Divorced______

Total Number of Dependents:  _______    Total Number in Household:  _______

Have you filed a tax return for the prior two years?  YES or NO

If yes, please provide a copy, BLACKING OUT all Social Security numbers.

Are you currently living with a parent or legal guardian?  YES or NO

If no, who are you living with?_____________________________________________

If yes, please provide a copy of the first 2 pages of your, OR your parent /guardian
/spouse (if not filed jointly), tax returns for prior year BLACKING OUT all Social Security
numbers.

How many people are living in your household? _______

Are you or anyone living in your household deaf, hearing impaired or disabled?  YES or NO

If yes, please explain

______________________________________________________________________________

______________________________________________________________________________
Have you received other scholarships or grants? **YES** or **NO** If **yes**, please explain

______________________________________________________________________________
______________________________________________________________________________

Have you ever received a scholarship or donations from Quota? **YES** or **NO**
If **yes**, please explain

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will you receive other income (such as financial aid, cash awards, loans, child support, alimony, savings, trust funds) while attending your school/college/university? **YES** or **NO**
If **yes**, please explain

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name and address of the school/college/university you are planning to attend:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is your estimated start date?
______________________________________________________________________________

Do you have a **student ID number** for the school/college/university **you plan to attend** (not your current High School ID)? **YES** or **NO**

If **yes**, please provide the number if known: __________________________

Degree and/or career you plan to pursue: ________________________________
ESSAY QUESTIONS

Briefly answer the questions below. Please do not exceed 125 words per question. Please type or print clearly using black ink.

1. Please explain your need for financial assistance.

2. Please give a short description of your goals and aspirations.

3. With what school and/or community activities have you been involved? Tell us what your involvement has meant to you. How have these experiences affected your personal development and outlook? (Give specifics)
REFERENCE FORM

QUOTA IN CENTRAL OREGON
DEAF &/ OR COMMUNICATION-IMPAIRED SCHOLARSHIP FUND

Applicant’s Name: ______________________________________________________

The above has applied to Quota In Central Oregon for Scholarship funds allocated to the deaf &/or hearing impaired or to individuals seeking education in a field that works with the deaf and hearing impaired. Please provide responses to each question listed, either typed or using black ink. If more space is needed, use the back side of this page.

1. How long have you known the applicant and in what capacity?

2. What is your assessment of the applicant’s academic achievement, personal abilities, or community involvement? (Please respond to the category with which you are most familiar.)

3. Are there unique factors that make the applicant especially worthy of receiving this scholarship (special talents, self-directed life, inspirational history, college goals, etc.)?

Name: ____________________________ Phone number: _______________________

Place of employment: __________________________ Position/Title: __________________

Signature: ____________________________ Date: _____________________________
Thank you for your assistance.

RELEASE FORM

QUOTA IN CENTRAL OREGON
DEAF &/OR COMMUNICATION-IMPAIRED SCHOLARSHIP FUND

Applicant’s Name: ____________________________________________________________

By signing this release form, I give my permission to Quota In Central Oregon to use my name for any publicity the Board of Directors deems appropriate.

Signature: _______________________________ Date: ___________________________
