

Berks Deaf and Hard of Hearing Services

Margaret Roeder Scholarship

Application Guidelines

Who is eligible?

Applicants for the Margaret Roeder Scholarship must be:

1. A resident of Berks County;
2. Deaf or hard of hearing;
3. A high school senior or college student desiring to begin or continue his or her post-secondary education in either a two-year or four-year educational institution (including community colleges and trade schools); and
4. A student in good standing with a grade point average of at least 2.50.

What is the amount of the scholarship?

Recipients who are awarded a Margaret Roeder Scholarship will receive \$500. Recipients will also be eligible to receive additional awards of \$500 per semester for up to seven additional semesters provided that the recipient satisfies Berks County Deaf and Hard of Hearing Services that he or she continues to meet the requirements for eligibility.

How do I apply?

All applicants must complete and submit an Application in the form provided by BDHHS. Applications can be obtained at the BDHHS main office located at 2045 Centre Avenue, Reading, Pennsylvania. Alternatively, you may contact BDHHS directly at 610-685-4520 for voice, 610-685-4525 for TTY or 610-685-4526 for fax to request an application to be mailed to you. Application forms may also be downloaded from the BDHHS website at www.bdhhs.org. **Applications must be received on or before June 15, 2009.**

After completing the application form, applications must be submitted to the attention of the BDHHS Executive Director.

What else must I submit with my Application?

In addition to the application form, applicants must also submit/schedule:

1. Two letters of recommendation.
 - a. One letter must be from a teacher or administrator from the school which you are currently attending and the other one must be from someone in your community other than a family member, for example, an employer,

clergy or coach. Letters of recommendation written by family members will not be considered.

2. A statement of financial need.
 - a. A copy of the Statement of Financial Need form will be sent to you/can be obtained in the same manner as the Application.
3. An interview with two members of the BDHHS committee responsible for awarding the Margaret Roeder Scholarship.
 - a. Interviews will last no longer than 30 minutes.

What else should I know about the application process or the Margaret Roeder Scholarship?

1. All recipients will be expected to provide a minimum of ten hours community service to BDHHS each semester that the recipient receives scholarship money.
2. Preference will be given to BDHHS members, although membership is not a requirement for eligibility to receive a Margaret Roeder Scholarship.

How can I get additional information?

All questions should be directed to Kandy Reyes, Executive Director of BDHHS. Ms. Reyes can be reached by mail at the BDHHS main office located at 2045 Centre Avenue, Reading, Pennsylvania 19605). Alternatively, you may contact Ms. Reyes directly at 610-685-4520 for voice or 610-685-4525 for TTY. You may also e-mail Ms. Reyes at kreyes@bdhhs.org.

Berks Deaf and Hard of Hearing Services

Margaret Roeder Scholarship

Application

Name: _____

Address: _____

Phone #: _____ Email Address: _____

Are you a resident of Berks County, Pennsylvania? _____ Yes _____ No

Are you _____ deaf or _____ hard of hearing?

Where do you attend school? _____

What is your current year of education? _____ HS Senior _____ College Freshman

_____ College Sophomore _____ College Junior _____ College Senior _____ Trade School

What is your current grade point average? _____ (Please attach a copy of your transcript.)

Did you receive a Margaret Roeder Scholarship during the 2008-2009 academic year?

_____ Yes _____ No

What is the best time of the day to schedule your interview? What is the best way to contact you to schedule your interview?

Are you a member of Berks Deaf and Hard of Hearing Services? _____ Yes _____ No

If you are awarded a Margaret Roeder scholarship, will you be able to provide BDHHS with at least 10 community service hours during the next school semester? _____ Yes _____ No

Please list any additional factors, if any, which you would like the committee to consider in connection with your application.

The above statements are true and correct to the best of my knowledge, and I give consent to release information concerning my academic status to Berks Deaf and Hard of Hearing Services.

Signature

Date

****If you have not heard from us within ten days of submittal of application, please feel free to call us at our main number 610-685-4520-Voice or 610-685-4525 -TTY****

Berks Deaf and Hard of Hearing Services

Margaret Roeder Scholarship

Statement of Financial Need

Name: _____

Address: _____

Phone #: _____ Email Address: _____

Have you applied for financial aid for the 2009-2010 academic year? _____Yes _____No

Do you believe you will qualify for financial aid for the 2009-2010 academic year?
_____Yes _____No

Please list all financial aid and amounts received during the 2008-2009 academic year, if any:

Please list all scholarships and their amounts received during the 2008-2009 academic year, if any:

Please list all scholarships and their amounts you expect to receive during the 2009-2010 academic year, if any:

Please discuss any factors that make your financial need greater than normal (medical expenses, financial commitments, etc.):

The above statements are true and correct to the best of my knowledge, and I give consent to release information concerning my academic and/or financial status to Berks Deaf and Hard of Hearing Services.

Signature

Date

Statement of Financial Need must also be turned in by the scholarship deadline date for the student's application to be considered.