

**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 2009-2010 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\*\*