



Berks Deaf & Hard of Hearing Services

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Margaret Roeder Scholarship Statement of Financial Need

Name: _____

Address: _____

Phone #: _____ Email Address: _____

1) Please list all financial aid and scholarships, include the amounts received for each one for the 2015-2016 academic year:

2) 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.



This project is funded, in part, under a contract with money allocated by the Berks County United Way and the Berks County Commissioners, through the Berks County Area Agency on Aging.