The Bob Biggs Memorial Scholarship
for High School Graduates Who are Deaf or Hard of Hearing

and wish to pursue further education or job training

SPONSORED BY THE ROANOKE VALLEY FUND FOR DEAF CHILDREN CORPORATION

The Roanoke Valley Fund for Deaf Children Corporation (RVFDC) recognizes that lack of financial opportunities for higher education affect the future of Virginia's workforce and those who want to further their education or careers. We are pleased to extend the Roanoke Valley Fund for Deaf Children Scholarship opportunity to students in the Roanoke Valley and surrounding areas, who are Deaf or Hard of Hearing, have a high school degree and wish to continue their college education or wish to meet their career goals through advanced training.

Please share the attached scholarship application and information with your eligible students. A $1,000 scholarship will be awarded to each candidate selected by the RVFDC scholarship committee based on evaluation of the information presented.

All candidates are required to submit a completed RVFDC application to include an essay, the name of the school/institution or technical center he/she is attending or wishes to attend, and indication of whether or not he/she participates with the Department of Aging and Rehabilitation Services (recommended). Scholarship applications must be postmarked or submitted electronically by March 1and a winner will be determined by May 1.

The RVFDC is excited to give back to the community by offering this scholarship opportunity to students who are Deaf or hard of hearing. If you have questions regarding the Roanoke Valley Fund for Deaf Children Scholarship Program, please contact us directly. Our contact information is listed below.

Thank you so much for sharing this opportunity!

Ellen Austin, President ebaustin11@gmail.com (540) 529-0274
Leslie Bandy, Vice President Ladams2001@yahoo.com (540) 797-1461
Jenni Hushour, Treasurer jlbhush@yahoo.com (540) 293-0340

Roanoke Valley Fund for Deaf Children Corporation
c/o rnkvfdcc@gmail.com

The Bob Biggs Memorial Scholarship Application for High School Graduates Who are Deaf or Hard of Hearing School Year 2026-2027

- Application deadline is March 1 (must be postmarked or submitted electronically by this date).
- Scholarships will be awarded to eligible High School graduates who are Deaf or Hard of Hearing and wish to continue their education or further their career goals through skilled training.
- Applicant must complete this application in its entirety and include:
  - Response to essay question
  - Two letters of recommendations
  - Name of the school/institution or technical center you are attending or plan to attend

Application Information:

Name (First, Middle, Last): _____

Date of Birth (MM/DD/YY) _____

Address: _____

City/State/Zip Code: _____

Email: _____

Telephone number: _____

Name of College or Technical School Offering the Training _____

School/ Institution or Technical Center Address:

_____

Faculty Advisor/Program Advisor Name: _____

Advisor's Email:_____ Advisor's Phone Number _____

High School GPA or College GPA (if applicable) _____

Department for Aging and Rehabilitation Services (DARS) (check one):

_____ I am receiving services from DARS at this time

_____ I am not receiving services from DARS at this time

This $1,000.00 scholarship is intended for an individual who is Deaf or hard of hearing. Upon receiving this scholarship, you may be required to show documentation of your hearing loss.

I am an individual who is (check one): ___ Deaf ___ Hard of Hearing

Essay: Write a one-page essay describing your career goals and how this scholarship would you help you pursue your future endeavors.

List any community service activities, organizations, and/or other qualities that give you that will help you excel in the career field you are wanting to pursue.

_____

_____

_____

Please list school, institution, or technical center you plan to attend in the fall and your potential field of study:

_____

By submitting this scholarship application, I certify the information is correct to the best of my ability and understand that false information or omission of data may result in denial of my application. I understand this application must be completed in full and postmarked by March 1.

Applicant Signature: _____ Date: _____

Submit completed application by March 1 to:

THE BOB BIGGS MEMORIAL SCHOLARSHIP
c/o rnkvfdcc@gmail.com