The Bob Biggs Memorial Scholarship

for High School Seniors Who Are Deaf or Hard of Hearing

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 high school students. We are pleased to extend the Roanoke Valley Fund for Deaf Children Scholarship opportunity to two graduating seniors in the Roanoke Valley, who are Deaf or Hard of Hearing, to assist in their goals of continuing their education or to pursue skilled training for a career goal.

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 question response that includes a written request for assistance, a copy of the acceptance letter from school/institution he/she plans to attend if one has been received (or a listing of colleges/universities where he/she has applied), and indication of whether or not they participate with the Department of Aging and Rehabilitation Services (recommended). Scholarship applications must be postmarked by March 1 and 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 Seniors Who Are Deaf or Hard of Hearing

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- Application deadline is March 1 (must be postmarked by this date).
- Scholarships will be awarded to eligible graduating high school seniors who are Deaf or Hard of Hearing living and attending school in the Roanoke Valley.
- Applicant must complete this application in its entirety and include:
  - Response to essay question
  - Two letters of recommendations
  - Information on Colleges/Schools that applicant hopes to attend

Application Information:

Name (First, Middle, Last): _____

Date of Birth (MM/DD/YY) _____

Address: _____

City/State/Zip Code: _____

Student Email: _____

Telephone number: _____

Parent / Guardian Name: _____

High School Name: _____

Graduation Date / Current GPA _____

High School Counselor's Name / Email: _____

High School Address: _____

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 including an explanation of your need for financial aid.

List any clubs, sports, community service activities, organizations, and/or other extracurricular activities you have been involved in during your high school years.

_____

_____

_____

Please either provide the acceptance letter from the college/university you plan to attend if one has been received. If not, provide a list of colleges/schools where you have applied and indicate which you hope 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: _____

For applicants under the age of 18:

Parent Signature: _____Date: _____

Submit completed application by March 1 to:

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