



ARKANSAS

HANDS & VOICES

Rachel Sievers Scholarship

Deadline: This application form and all other required documentation must be received by February 28, 2023 (5:00 p.m. Central time).

Mail to: Arkansas Hands & Voices, PO Box 512, Conway, AR 72033, or email to liantar@arhandsandvoices.org.

It is the responsibility of the applicant to verify receipt of application by the scholarship committee. Confirmation of receipt will be communicated via email.

Awardee will be announced mid-March.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. Please initial.

____ * I confirm that I am deaf or hard of hearing.

____ * I am/will be a graduate of an Arkansas high school

____ * I am a student who is/will be pursuing a higher education at a two or four year college or university, a trade school or vocational school, or is a graduate student pursuing a secondary degree in a field related to audiology or speech language pathology

____ * I have at least a 2.75 GPA

____ * I understand that preference will be given to individuals who display a need for financial aid.

____ * I understand that preference will be given to individuals who have demonstrated involvement with Arkansas Hands & Voices.

____ * I am not a previous recipient of this award. (Previous recipients cannot apply.)

1. *Name:

a. First name*-- Middle name(s) -- Last name*:

a. Preferred name:

6. *Home address:

*Address: _____

*City: _____ *State: _____ *ZIP: _____

7. *Primary telephone: (_____) _____

8. Secondary telephone: (_____) _____

9. *E-mail: _____

10. *Date of Birth (MM/DD/YYYY): ____/____/____

11. *What school do you currently attend?

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

*What is your current GPA?: _____

*Please attach copy of your latest transcript.

12. *What school will you attend next year?

a. Name: _____

City: _____ State: _____

13. *What degree(s)/program are you pursuing?:

14. *List and provide details of any academic honors, awards, and membership activities while in high school/college:

15. *List your hobbies, interests, extracurricular activities, and school-related volunteer activities:

16. *List and provide details of your non-school-sponsored volunteer activities in the community:

17. *Describe how you know about Arkansas Hands & Voices and your involvement with the organization up to this point. Note that priority will be given to applications from students with involvement with AR H&V.

18. *Essay:

What does the scholarship committee need to know about you in 500-1000 words?
Attach your essay to this form.

The committee members will be especially interested in these points:

- Your most notable qualities
- Your attitude about deafness/hearing loss
- Examples of your demonstrated leadership ability
- Detail your financial need and how this scholarship will help you

19. *Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____