



# ARKANSAS

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## HANDS & VOICES

# Rachel Sievers Scholarship

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**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](mailto: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.

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**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: \_\_\_\_\_