

**Quota International of Wooster  
Student Scholarship Application Form**

Quota International of Wooster's primary focus is to serve the speech and hearing impaired. The club has a special interest in assisting those pursuing a career in **speech or hearing or a related field**; this is not mandatory, but it could be a benefit when being considered for this application. Applications are open to high school students entering college and current students seeking additional support.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

High School Attending & Graduation Date \_\_\_\_\_

Father Step-father Guardian

Mother Step-mother Guardian

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Gross family income \_\_\_\_\_

Number of dependent children claimed by you parent(s) on Federal Income Tax Return. \_\_\_\_\_ . List by name and give age.

\_\_\_\_\_  
Name                      Age      Name                      Age      Name                      Age

\_\_\_\_\_  
Name                      Age      Name                      Age      Name                      Age

Number in college excluding applicant \_\_\_\_\_ other dependents \_\_\_\_\_

Anticipated field of study \_\_\_\_\_

What career do you hope to pursue? \_\_\_\_\_

Have you applied to a college or university? \_\_\_\_\_

Have you been accepted at a college or university? \_\_\_\_\_ If so, list name and address of college or university. \_\_\_\_\_

Approximate cost for school year including room, board, tuition, books: \_\_\_\_\_

Grants, scholarships, fellowships, assistantships, loans, & other aid already awarded: \_\_\_\_\_

\_\_\_\_\_

On a separate sheet of paper, write a brief (300 words or less) biography of yourself, including interests, extracurriculars, work experience, and professional or occupational plans.

List awards or honors received while in high school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a hearing or speech impairment? If so, please explain \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is correct and that I am not a child or grandchild of a Quota Club member.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to your guidance counselor who will complete the following information and return it to the Quota Club Scholarship Chairman: official high school transcript, photocopy of ACT/SAT scores, letters of recommendation from two teachers and a guidance counselor.

To be considered for scholarship funds, the completed application must be received by the scholarship chair by April 1. Incomplete applications will not be considered. Those awarded scholarships will be notified by May 30.