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# Lillian Gross Educational Scholarship

**Rehabilitation Association of Nebraska**

**2016**

Goal: To provide a scholarship for a student studying the field of education for individuals who are deaf or hard of hearing, interpreting for the deaf or a related area.

Award: In the spring of 2016, an award of $500 will be given, to be used in the fall of 2016. Applicants must be a Nebraska resident. Preference will be given to individuals who have a disability.

Selection Committee: A representative in the field of education, the president and three members of the Rehabilitation Association of Nebraska, a consumer, and independent representative.

Application Criteria and Procedures:

1. Be a graduate or undergraduate student in the field of education for individuals who are deaf or hard of hearing, interpreting for the deaf or a related area. You may be a high school senior planning to major in this area.
2. Complete a Scholarship Application.
3. Provide at least one letter of recommendation.
4. Complete the Statement of Disability, if applicable.

1. Submit a grade transcript. (To be used only in the event of a difficult decision.)
2. Submit the scholarship application to: Scholarship committee, Rehabilitation Association of Nebraska, C/O Vocational Rehabilitation Services, 301 Centennial Mall South, 6th Floor, PO Box 94987, Lincoln, NE 68509-4987.

**APPLICATION DEADLINE: March 31, 2016**

**Page 1 of 2 or 3 (if applicable)**



## Scholarship Committee

**Rehabilitation Association of Nebraska**

**C/O Vocational Rehabilitation Services**

**301 Centennial Mall South-6th Floor**

**P.O. Box 94987**

**Lincoln, NE 68509-4987**

# LILLIAN GROSS EDUCATIONAL

**SCHOLARSHIP APPLICATION**

## NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First Middle**

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 **Street Apt. #**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City County State Zip**

**TELEPHONE:\_\_\_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a Nebraska resident? \_\_\_YES \_\_\_NO**

**Where do you plan to attend school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions on a separate sheet of paper and attach to this application:**

1. **How did you develop an interest in the field of education or interpreting for individuals who are deaf or hard of hearing.?**

**\*(Please state your career goal and what has influenced your decision.)**

1. **What are some influences which have made you a successful person?**
2. **List one or more of your accomplishments. You may include special projects, school, volunteer, etc.**
3. **Why should the selection committee award you the Lillian Gross Educational Scholarship?**

**Scholarships must be postmarked by March 31, 2016**

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**Rehabilitation Association of Nebraska**

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**STATEMENT OF DISABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have a disability.

 (Name)

Please describe your disability, how it has impacted your life:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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