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

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/VP/text phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_**

**Alternate contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your major field of study for this scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a HS Diploma or College Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where did you hear about the scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you performed community service in the past two years if so where? \_\_\_\_\_\_\_**

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

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**Please include in your package the following information:**

*(Missing documents can affect your receiving consideration for the award)*

* *Recent audiogram, IEP or Proof hearing loss*
* *Documentation of enrollment in the higher learning institution (letter of acceptance, letter from institution or business, transcript, etc.)* ***NOTE: Grades are not a determinate of receiving the scholarship.***
* *What are your goals and what do you need to succeed?*
	+ *You can write an essay or you can submit a video clip no longer than 3 minutes in length.*
* *One letter of recommendation* ***(see below)***
* *A list of your community service activities if applicable*
* *A short Bio about yourself. What you want to do to impact the community and what you will use the money for.*
* *Please submit a photo with your application for publication.*
* *Signed release form* ***(see below)***

**Eligibility Criteria**

1. Applicants must be residents of Michigan for at least 1 year however they can attend out of state schools and must be a resident of Wayne County (in Michigan).
2. Current proof you are enrolled in or attending or been accepted to higher learning institution, Internship, Trade program etc.

1. Applicant must submit one proof of hearing loss:
	1. such as an audiogram
	2. physician’s verification
	3. IEP
2. Applicants can use a variety of media to submit their application:
	1. Essay
	2. Videotape presentation
	3. PowerPoint presentation
3. **Please submit at least one letter** of recommendation: personal letter from a relative or friend and/or professional recommendation
4. Applicant must agree to volunteer for an AADHH and/or GMDLC event or activity for a total of 4 hours in the 2023-2024 year. Collectively with the two organization.
5. ***Age and previous educational background should not stop you from applying for the scholarship. Please contact us with any questions you may have.***
6. **THE DEADLINE FOR THE APPLICATION IS OCTOBER 5, 2023. THE APPLICATION MOST BE POSTMARKED BY OCTOBER 5, 2023.**
7. The Scholarship(s) will be announced the first week of November 2023

**Applications can be mailed to:**

**AADHH**

**9591 Ward Street**

**Detroit, MI 48227**

**RELEASE of Ad/Copy**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give The Association for the Advancement of Deaf/Hard of Hearing (AADHH) & Greater Metro Detroit Lions Club (GMDLC) permission to use my videos, essays, and photos in conjunction with any written publications regarding the Continuing Education Scholarship for Deaf and Hard of Hearing Students.**

**I also authorize organizational use of submitted photos, essays, bios, and captured videos in the organization’s newsletters, and advertising for community, and corporate solicitation in regard to the Continuing Education Scholarship Fund.**

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant**

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian if applicant is under 18 years of age**

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Scholarship Agent**

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

**Community Service / Internship Activities**

| **Month / Date / Year** | **Organization Name** | **Services Performed** |
| --- | --- | --- |
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