



Dr. Robert Mathog Lions Hearing Centers Deborah Love-Peel Scholarship for the Deaf and Hard of Hearing

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Alternate Contact Information: _____

Name of College/University/Trade School: _____

Major: _____ Minor (if applicable): _____

Current Grade Level: _____ Expected Graduation Date: _____

High School Attended: _____ Current GPA: _____

List Community Service Activities:

ESSAY

Please submit a brief essay (no more than 2 pages) about yourself. We would like to know your academic interests, why you feel you are deserving of this award, how you plan to use the funds if you are awarded a scholarship, some of the challenges you have and currently face, and any additional personal information you would like to share. All or some of your essay may be published and distributed.

Note: There is no age limit for these scholarships. If you have been out of school for over 3 years please tell us in your comments why you are returning to school at this time, and please let us know what you have been doing during your time away from school. If you need additional information, please contact Lions of Michigan Foundation at info@lhcmi.org.



Dr. Robert Mathog Lions Hearing Centers Deborah Love-Peel Scholarship for the Deaf and Hard of Hearing

ABOUT THE SCHOLARSHIP

We will be awarding up to four \$1,000.00 scholarships to deaf and/or hard of hearing students for higher education for the calendar year 2025.

SCHOLARSHIP CRITERIA AND DOCUMENTATION REQUIRED

- 1) Applicant must submit proof of hearing loss, examples: recent audiogram, physician's verification, or an IEP if you are a high school senior.
- 2) Applicant must be a resident of Michigan for at least 1 year.
- 3) Applicant must have current GPA of 2.6 or higher. If you have received a GED please attach a copy of your GED certificate. **GPA does not affect eligibility of the award.**
- 4) Applicant must submit documentation of registration into a college, university, or trade school.
- 5) Applicant must submit 1 letter of recommendation from either a relative, friend, or professional contact.
- 6) Applicant must submit a photo with your application to be used for publication.
- 7) Applicant must complete the waiver form and include it with your application.
- 8) Applicant can use a choice of media to submit their application:
 - i. Essay
 - ii. Videotape presentation
 - iii. PowerPoint presentation
- 9) Completed applications must be postmarked by March 15, 2025.
- 10) Scholarship winners will be notified by June 1, 2025.

LIONS OF MICHIGAN FOUNDATION
Dr. Robert Mathog Lions Hearing Centers
5730 Executive Drive
Lansing, MI 48201
Fax: 517-887-6642
info@lhcmi.org



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CONSENT FOR INFORMATION RELEASE

Applicant (print or type): _____

I, _____, give the Lions of Michigan Foundation, the Dr. Robert Mathog Lions Hearing Center of Michigan, and the Deborah Love-Peel Scholarship Fund permission to use my videos, essays, and photos in conjunction with any written publications relative to this scholarship application.

I also authorize organizational use of submitted photos, essays, bios, and captured videos in the Lions of Michigan newsletters and advertising for community and corporate solicitation regarding the Deborah Love-Peel Scholarship Fund.

Signature of Applicant (applicants 18 years of age or older)

Date

Signature of Parent/Guardian (applicants under age 18)

Date