



**DIANNE ARBEITER SCHOLARSHIP APPLICATION
2011-2012 SCHOOL YEAR**

Applications must be postmarked by February 10, 2012.

Students applying for this scholarship must be served by the deaf/hard of hearing program of Special School District. All areas **must** be completed. Please submit a copy of pages 1 and 2 of Form 1040 from the family's most recent tax return.

Items to be considered for awarding of scholarships:

- Student Essay..... one to three points
Based on content, neatness and specificity to SEF
- Letter of Recommendation one to three points
- Financial Need..... one to three points
- Academics one to three points based on G.P.A.
- Extra Curricular Activities..... one to three points
Based on areas of activities--arts, sports, community service, etc.

Requirements:

- One page essay written by the student.
- Student's high school transcript.
- Two letters of reference - one written by the student's SSD teacher; the other from a professional who knows the student well (school counselor, minister, scout leader, etc.)

Selection of scholarship winners is based on financial need, completeness of application, and effort of the student. Submission of paperwork does not guarantee funding.

1. Name of Applicant: _____ **Birth date:** _____

Address: _____
Street City State Zip

Home Phone: _____

2. Indicate the Special School District program in which applicant is enrolled.

School: _____ **District:** _____

Name of SSD teacher: _____ **Program:** _____

Teacher's address: _____
Street City State Zip

Teacher's phone: _____ **Voice Mail:** _____ **EMail:** _____

Teacher's signature: _____ **Date:** _____

3. To what school would the scholarship support be applied? _____
_____ City/State: _____

4. Is applicant currently accepted for admission / attendance at desired school? _____
If not, when is notification of admission expected? _____
In what area of study will applicant be enrolled? _____

5. List activities or clubs in which the student has been involved. Include honors the student has received.

6. Provide information regarding achievement in community service activities. (Responsibilities, recognition, awards, etc.) : _____

7. Statement of financial need: _____



Special Education Foundation
Success Beyond the Classroom

8. On a separate single page, state briefly the reasons for needing this scholarship, including the expected benefits from attending the school. This essay must be written specifically for this scholarship application.

Signature of Applicant: _____ Date: _____

Signature of parent/ legal guardian: _____

Parent's address _____

Parent's phone (day): _____ (evening): _____

***Forward the application, essay, and student's transcript to:**
County Wide Program for Students who are Deaf or Hard of Hearing
Special School District
12110 Clayton Road
Town & Country, MO 63131
(314) 989-8451, Mickey Murphy

Please submit the completed application by February 10, 2012.