February 4, 2015

QUOTA INTERNATIONAL OF HARRISONBURG
SCHOLARSHIP APPLICATION INFORMATION

Quota International, Inc. is an international service organization committed to service and made up of Quota Clubs throughout the world. One aspect of Quota's service program is focused on raising the public's awareness of help and hope available to individuals with speech and hearing impairments. This is the purpose of The Quota Scholarship of $2,000 which is to be used for tuition, room, board and textbooks, and is available to two specific groups of students:

1. Individuals with hearing or speech impairments who are currently, or plan to be full time students at any accredited college or university. These individuals may pursue any course of study which leads toward a degree, at either the undergraduate or graduate level.
2. Individuals who are currently, or plan to be full time students pursuing an accredited course of study leading toward a degree, at either the graduate or undergraduate level, which will prepare them to work with hearing or speech impaired people.

To be eligible for consideration for a scholarship, all applications must be received by Quota International of Harrisonburg by April 15, 2015. Each application must include:

1. Part one: To be completed by the student.
2. Part two: To be completed by the Financial Aid Office of the college or university the student will be attending.
3. Two letters of recommendation.
4. A typed statement of not more than 500 words on "How the scholarship would help me achieve my educational and professional goals."
5. Most recent college transcript (high school transcript if entering as freshman).

Applications must be submitted with the above information attached. Incomplete applications will not be considered, nor will the applicant be contacted for missing information.

Any Student receiving a Quota International Scholarship must remain a full time student and must maintain a grade point average of 2.0 for undergraduate and 3.0 for graduate students in order to retain the scholarship for the entire year.

All materials must be completed and returned by April 15, 2015 to:

Quota International of Harrisonburg
c/o Debbie Snyder
1000 N. Main Street
Harrisonburg, VA 22802
SCHOLARSHIP APPLICATION
QUOTA INTERNATIONAL OF HARRISONBURG, VIRGINIA

PART ONE: To be completed by the student

Name ____________________________________________

Address ____________________________________________

City/State/Zip __________________________ Telephone __________________________

Do you have a speech or hearing impairment? Yes ___ No ___ If yes, extent of loss ______

Status during the upcoming academic year:
Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate ____

Education History:
High School __________________________ GPA ______

College/University __________________________ Major ______ GPA ______

Additional Training __________________________

Awards/ Honors Received __________________________

________________________

Employment History:
Employer __________________________ Job Title __________________________

Duties __________________________

Employer __________________________ Job Title __________________________

Duties __________________________

I certify that I have been accepted and plan to enroll full time at __________________
during the upcoming academic year.

Signature __________________________ Date __________________________
SCHOLARSHIP APPLICATION
QUOTA INTERNATIONAL OF HARRISONBURG, VIRGINIA

Part Two: To be completed by Financial Aid

Student Name ____________________________________________________________

College or University ____________________________________________________

Quota Fellowships may only be used for expenses listed below. Please provide information on the cost of the following for the upcoming academic year.

Tuition $____________

Room & Board $____________

Textbooks $____________

TOTAL $____________

Funds Available (EFC) $____________

Financial Aid Awarded $____________

Financial Aid Representative Completing Form

Name ________________________________________________________________

Title ________________________________________________________________

Address _____________________________________________________________

_______________________________________________________________

Telephone Number ____________________________________________________

Signature __________________________ Date ____________________________