The Alex and Suzanne Rosenkrantz Scholarship Fund was established with the proceeds of a bequest to assist blind youth, deaf youth and deaf-blind youth in becoming self-sufficient through higher education, vocational training, or other appropriate schooling. Although the bequest prioritizes higher education, scholarships shall not be limited to higher education. Vocational training, education in Braille, and computer-based education for the blind, deaf and deaf-blind will also be funded. The fund is administered by the Aberdeen Rotary Club. The number and amount of the awards are subject to change from year to year. Priority is given to Grays Harbor residents; then residents of Pacific, Thurston and Mason Counties; then residents of other counties in Washington State. Applications are accepted year round. Those that are postmarked by July 15th will be considered during the annual August review period.

**Scholarship Application Instructions**

To be considered complete, your application packet must include the following documents in the order given below – *Incomplete applications will not be considered.*

- The completed and signed scholarship application form.
- Confirmation of Legal Blindness, Deafness, or Deaf-blindness.
- An official copy of your current academic transcript (must include grades from your most recent term). **NOTE:** If you have earned, or are in the process of earning a GED, you must submit a copy of your most current test results.
- A one-page typed personal statement describing your background and reasons you feel you deserve a scholarship. Please tell us about your extracurricular activities, work experience, goals and plans for the future. Be sure to describe financial need and any challenges you have experienced and how they were overcome. The more relevant information you include, the better.
- Letters of recommendation
  Two letters of recommendation, on letterhead, from professional references (e.g., instructors, academic counselors, employers, volunteer supervisors) who can describe your academic ability, personal qualities, etc., are required. **We suggest that at least one recommendation be from one of your recent instructors.**
- Two photocopies of the original application packet
  This means that you will need three complete application packets containing the documents listed above in this section.

Submit your completed packets to:

Aberdeen Rotary Club
The Alex and Suzanne Rosenkrantz Fund Committee
P.O. Box 836
Aberdeen, WA 98520
Alex and Suzanne Rosenkrantz Scholarship Fund
Scholarship Application

Please type or print legibly with black ink only

Name ____________________________________________________________  Birthdate _______________________

Last            First                      Initial

Address __________________________________________________________

City ________________________________________________  State _________________ ZIP _________________

County ____________________________  How long? _____________________________(years and months)

Day phone (____)_____________________________                      Evening phone (____)________________________

e-mail address ____________________________        Gender:  ○ female          ○ male

Name and State of High School _________________________________________  Graduation date ________________

High School G.P.A. ____________            College G.P.A. ____________  ○ GED/High School Equivalency

(if applicable, attach documentation)

What College, University, or Technical/Vocational School or other post-secondary institution do you plan to attend?

__________________________________________________________________________

Anticipated certificate or degree ________________________________

Attended prior post secondary institutions?  ○ Yes (If so, number of prior college credits _________)  ○ No

In your program will you be a:  Freshman  ○  Sophomore  ○  Junior  ○  Sophomore  ○

When will you begin your program? (please indicate below)

○ Summer  ○ Fall  ○ Winter  ○ Spring  Year ________________

When will you complete your program?  Month ________________  Year ________________

Have you completed the Application for Federal Financial Aid (FAFSA)?  ○ Yes  ○ No  ○

CERTIFICATION:

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I authorize the release of information on this application and other necessary academic information to the Rotary Club of Aberdeen.

If under age of 18, name of parents and address if different._________________________________________________

Signature ___________________________________________  Date of Application _______________________

NOTE: Receiving a scholarship may affect other financial aid funding you may receive. If you are receiving assistance through the Department of Social and Health Services (DSHS), you should verify with them how a scholarship may affect any assistance you may receive.
CONFIRMATION OF LEGAL BLINDNESS,
AND DEAF-BLINDNESS

For the purpose of this application the definitions in WAC 392-172A-01035 apply.

(1)(a) Child with a disability or a student eligible for special education means a student who has been evaluated and determined to need special education because of having a disability in one of the following eligibility categories: A hearing impairment (including deafness), a visual impairment (including blindness), or deaf-blindness.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness and adversely affect a student's educational performance.

Qualifications to certify include physician, optometrist, ophthalmologist, state or private agency for the blind.

APPLICANT:

Name: ______________________________ Date of Birth: ________
Address: _____________________________________________________________

Best corrected vision:
OD (right eye) _________ OS (left eye) _________ OU (both eyes _________

Width of Visual Field (in degrees): __________
Specific eye condition(s):_______________________________________________

CERTIFYING AUTHORITY:

I certify that ___________________________ is legally blind in both eyes as specified in the WAC quoted above.

(Signed) ________________________________ (Date) ________.

(Title) ________________________________

Please attach your business card OR print/type your name, profession, and address here
CONFIRMATION OF LEGAL DEAFNESS

For the purpose of this application the definitions in WAC 392-172A-01035 apply.

(1)(a) Child with a disability or a student eligible for special education means a student who has been evaluated and determined to need special education because of having a disability in one of the following eligibility categories: A hearing impairment (including deafness), a visual impairment (including blindness), or deaf-blindness.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness and adversely affect a student's educational performance.

Qualifications to certify include physician, state or private agency for the deaf or deaf-blind.

CERTIFYING AUTHORITY:

I certify that ___________________________ is legally deaf or deaf-blind as specified in the federal definition quoted above.

(Signed) ______________________________________ (Date) __________.

(Title) _____________________________________________

Please attach your business card OR print/type your name, profession, and address here
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