

Assistance League[®] of Boise
Student Grant for the Hearing Impaired
2011-2012

DESCRIPTION OF THE STUDENT GRANT

Assistance League of Boise provides tuition/textbook educational grants for graduating, hearing impaired, Idaho high school seniors or continuing higher education students who reside in Ada County. The grants are conditioned upon the recipient's enrollment at an accredited two or four-year college, university, vocational institution, beauty college, or school of the arts in the United States. The initial educational grant will be based on a combination of financial need of the applicant, scholastic and leadership ability and extra-curricular activity such as the arts, athletics, journalism, and school or community service. Upon receiving confirmation of recipient's acceptance into the school of their choice, Assistance League of Boise will forward a check directly to the institution where the money will be distributed by quarter or semester. The maximum grant amount is \$2,000.

Recipients may renew their per-year grants up to three times depending on the approval of the Selection Board of Assistance League of Boise. The decision of the Selection Board will be based on the number of applications received, other aid or scholarship monies granted to the applicant for the upcoming year, academic progress of the applicant in his or her chosen field, and demonstrated leadership abilities.

ELIGIBILITY FOR FIRST YEAR OR INITIAL GRANT:

Any hearing impaired student, who is graduating from an Idaho high school and resides in Ada County or attends the Idaho State School for the Deaf and Blind and whose parents reside within Ada County is eligible for a grant. The student must be planning to be a full-time student at any accredited two-year or four-year college, university, or one or more years at a vocational institution, beauty college or school for the arts in the United States.

APPLICATION REQUIREMENTS FOR INITIAL GRANT:

Elaborate presentation of required materials is not necessary; however, the Selection Board will take carelessness in presentation into consideration. The complete application must include:

- Grant application, filled out completely
- School transcript from ninth grade through the first semester of the senior year if applicant is a senior in high school. If applicant is already enrolled in college, all college transcripts must be supplied. These transcripts must include courses taken, grades received and class ranking of the applicant if available. The transcript must be an original, signed by authorized school officials.

- Applicant must supply adequate information of his/her financial situation.
- Three comprehensive letters of recommendation describing the character, personality traits and academic or other achievements of the applicant must be provided. One of the letters must be from a school teacher/instructor, counselor or administrator. Another letter must be from outside the school setting by a person not related to the applicant who has had an opportunity to observe personally the applicant's character, initiative and purpose. The third letter must be from a family member or guardian explaining why the student should be selected for a grant. Letters should be confined to one page each.
- Copies of the ACT and/or SAT scores should be included if available.
- Verification of hearing impairment from a certified audiologist.

APPLICATION REQUIREMENTS FOR RENEWAL GRANTS:

- Grant application, filled out completely.
- **Original, signed, transcript showing grades for each semester or quarter attended.**
- Complete financial information listing all income, assets and school fees.
- New letters of recommendation are not required.

ADDITIONAL INFORMATION CONCERNING APPLICATIONS AND GRANT:

- The application (initial or renewal) should be presented in a bound form.
- The application for an initial grant or a renewal grant **must be received by April 18th of the current academic year to qualify for a fall grant.**
- Selection of the recipients of the grants will be made not later than May 23rd.
- Applicants will be notified by mail of the Selection Board's decision.

Please use the following checklist to prepare your packet:

_____ Grant Application with all required information

_____ Copy of most recent school transcript

_____ Verification of acceptance at an accredited school. (New applicants or renewal applicants that have changed schools only.)

_____ Three letters of reference. Requirements in instructions. (New applicants only)

If an individual wishes his/her references to be confidential, ask the individual to seal an original in a separate envelope with their signature over the seal; this envelope must be given to you to submit in application packet.

_____ Verification of hearing impairment

_____ Wallet size photo (optional)

Please submit the application and all required materials no later than April 18, 2011.

TO:

**Assistance League of Boise-Project Hearing
P.O. Box 140104
Garden City, ID 83714**

- Direct questions to Assistance League of Boise Project Hearing voice mail at 208-377-4327, ext. 202. Your call will be returned as soon as possible. It could take 24 hours to return your call so plan accordingly.
- No application materials will be returned. You are encouraged to keep a copy for your own records.
- **Notification of status will be sent to all applicants by May 23, 2011.**

Name: _____

Applicant Information:

School attending currently _____

School address _____

Principal/Dean's name _____

Cumulative GPA _____ (provide transcript) Graduation date _____

School planning to attend _____

School address _____

Phone number _____ Financial aid advisor _____

Annual cost for a year of study (tuition, books, room & board) _____

List other scholarship aid received & amounts _____

List applicant's financial resources: Checking \$ _____ Savings \$ _____

Stocks, bonds \$ _____ Home \$ _____ other real estate \$ _____

Vehicles \$ _____ Boats & RV \$ _____ Other \$ _____

Applicant's annual income:

Employer and employer phone number _____

Position _____ Number of hours worked per week _____

Social Security \$ _____ Vocational rehabilitation \$ _____

Other \$ _____

Yearly gross income _____

Describe any other impairment in addition to hearing impairment _____

Family Information:

Father's (Guardian) Name _____ Age _____

Employer _____ Position _____

Mother's (Guardian) Name _____ Age _____

Employer _____ Position _____

Parent's (Guardian) yearly gross income _____

Parent's (Guardian) financial resources: Checking \$ _____ Savings \$ _____

Stocks, Bonds \$ _____ Home \$ _____ Other Real Estate \$ _____

Vehicles \$ _____ Boats & RV's \$ _____ other \$ _____

Number of dependents in family & ages _____

Number of other members of family attending college or vocational school next year _____

Parents or siblings with disabilities? Yes _____ No _____ Describe _____

Name: _____

Describe your education and career goals:

Personal statement: Tell us why you think you are deserving of this grant.

Name: _____

Work experience:

Employer	Position	Date
1. _____		
2. _____		
3. _____		

Professional memberships and activities: (past 4 years)

Organizations and offices held

Community service and/or extracurricular activities: (past 4 years)

Honors/Scholarships: (if applicable)

If you are chosen for a grant, may the Assistance League of Boise publish your name and photograph? Yes _____ No _____