



# ABERDEEN ROTARY CLUB No. 56

## The Alex and Suzanne Rosenkrantz Scholarship Fund Scholarship Application

[www.aberdeenrotary.com](http://www.aberdeenrotary.com)

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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.

### Scholarship Application Instructions

**To be considered complete, your application packet must include the following documents in the order given below**

- 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.**
- Please email your application** in pdf format to [rosenkrantzfund@gmail.com](mailto:rosenkrantzfund@gmail.com).



Alex and Suzanne Rosenkrantz Scholarship Fund
Scholarship Application

Please type or print legibly with black ink only

Name Last First Initial Birthdate

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

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 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): \_\_\_\_\_

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### **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.

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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

**ANTICIPATED BUDGET AND EXPENDITURES FORM**

EXPENSES	ESTIMATED FOR ONE YEAR
Room/Board	\$
Tuition/Fees	\$
Books & Supplies	\$
Equipment	\$
Other	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>