

**Nevada Hands & Voices Scholarship Application – 2023**

**Identifying Information** (please type or print clearly)

Applicant Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: • Male • Female

Applicant lives with (check any that apply): • Self • Father • Mother • Spouse

Correspondence should be addressed to: \_\_\_\_\_  
(First Name) (Last Name)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Best phone number to reach the applicant, if necessary: \_\_\_\_\_

Preferred contact method: • Phone • Text • Email

Email Address: \_\_\_\_\_

**Applicant Information** (Please type or print clearly)

Age when hearing loss was diagnosed: \_\_\_\_\_

High School Cumulative GPA (if available): \_\_\_\_\_ on a scale of: \_\_\_\_\_ (i.e. 4 or 5)

Diploma: • Standard • Adjusted • Other \_\_\_\_\_

What communication methods are used in daily communications and educational environments?

Check all that apply.

- Spoken Language
- Speech Reading
- Sign Language System (ASL, Signed English, Finger Spelling, etc.)
- Cued Speech
- Use of Note taker
- Communication Access Real-time Translation (CART)
- Oral Interpreter(s)
- Sign Language Interpreter(s)
- Other, please describe: \_\_\_\_\_

Awards & Honors—Please list up to five honors, recognitions and/or awards received for academic work and/or extracurricular activities (do NOT attach copies of awards or recognition):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

College/University/Technical School/Certification Program application/enrollment for 2023-2024:

Name of School/Program you expect to attend: \_\_\_\_\_

Expected date of graduation from selected college/university: \_\_\_\_\_

Areas(s) of concentration: \_\_\_\_\_

Potential career or professional plans: \_\_\_\_\_

## Student/Applicant Essay

1. How do you feel that being Deaf/Hard of Hearing has impacted your life?
2. Tell us what you think your life looks like in one year, and in ten years.
3. How do you believe that you will achieve your current and future goals?

### Essay Option 1 (open to all applicants)

Your essay may be typed and no more than two single-sided pages.

### Essay Option 2 (for students whose primary language is ASL)

Nevada Hands & Voices wants equal access for all deaf/hard of hearing students. As such, if your primary language is some form of sign language, Nevada Hands & Voices will allow a video essay. The question is the same for both options. Please review the criteria for video essay submission.

### Criteria for Video Essay (presented in sign only)

- Sign Language must be your primary language
- 15-20-minute video essay (required content only)
- Recorded on DVD-R, USB flash drive, or link to unlisted YouTube.com link
  - Label disc or YouTube.com upload with your name and sign language/system (ASL,PSE, SEE) that is being used
- Background in video needs to be plain, such as a bare wall or plain paper to cover visual distractions
- Shirt must be plain with no designs and/or words (please wear a shirt/blouse that contrasts with your skin color. i.e., if you have dark skin wear a light color shirt/blouse; if you have light skin wear a darker color shirt/blouse)
- Review video essay to ensure you are framed well so your signs are visually clear, and your hands are not cut off
- No visual aids and/or props are acceptable
- Please stand (not sit) while presenting your essay
- Your video will not be returned. Please make a copy before sending if you would like one for your records

## Student/Applicant Agreement

This certifies that I understand that if I am selected to receive a Nevada Hands & Voices College Scholarship Award for the 2023-2024 academic year, I give permission to Nevada Hands & Voices to release information stating this fact to the media and/or to Nevada Hands & Voices constituents. The receipt of the Scholarship is contingent upon my attendance at an accredited College, University, Technical School or Certification Program in the forthcoming school year. I understand that payment of the scholarship will be made directly to the higher education program. I further certify that, to the best of my knowledge, all information contained in this application is true and accurate.

Applicant's Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature\* (if applicant is under 18): \_\_\_\_\_

\*Digital signatures are acceptable