

MONA McARTHOR QUOTA AWARD/SCHOLARSHIP APPLICATION

(\$500.00 one time scholarship for students enrolled or enrolling in an accredited College or University, majoring in Audiology, Speech Pathology or Deaf Education)

(Please type or print)

Name _____
Last First Middle

Date of Birth _____

Address _____

(Home Phone) (Cell Phone) (E-mail)

Name and Address of Parent(s) or Legal Guardian _____

Occupations _____

High School or College _____ Graduation Date _____

(if you need additional space for the following questions, please use another sheet of paper)

Pease state briefly your post high school / college plans:

Why have you chosen the field of Speech & Hearing?

List clubs, activities, and offices you have held:

List any community services in which you were / are involved:

(Please include 2 Faculty Reference Letters)

Applicants Signature _____

To be completed by High School or College: ClassRank _____ GPA _____

Please return applications by May 5, 2023 to:

