

ROBERT L. & SUSIE URBAN HARRIS SCHOLARSHIP APPLICATION
Teacher Education Program in Deaf and Hard of Hearing

NAME: _____ DATE: _____

ADDRESS: _____

SS#: ____ / ____ / ____ TELEPHONE: _____ email: _____

Have you been admitted to the Professional College of Education or the Graduate School of Education? Yes__ No__

Are you enrolling full time or part time? _____ Full Time Part Time Term applying for: _____ (Semester/Yr.)

EDUCATION

Name of Institution	Degree	Year Graduated	Major
1. _____			
2. _____			

WORK EXPERIENCE

Company or Institution	City/State	Dates	Position
1. _____			
2. _____			

REFERENCES

Name	Address	Telephone
1. _____		
2. _____		

ON A SEPARATE SHEET OF PAPER, LIST or DESCRIBE:

(1) A listing of the deaf education courses you have taken to date, with your GPA.

*Undergraduate students MUST have been admitted to Advanced Study.

(2) An explanation of why this scholarship is important to your continuation in the deaf & hard of hearing education program.

(3) Information about your financial hardship, and reasons why you are someone deserving of this scholarship.

Return this form and your statements to:

Pamela Luft, Ph.D.
405 White Hall, Kent State University
Kent, Ohio 44242-0001
(330) 672-0593 (v/tty); pluft@kent.edu