



## **FAD Scholarship Application for 2017-2018**

**Name:**

**Date:**

**Home street address, City, Zip:**

**Phone #:**

**E-Mail address:**

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**Please complete each. Use additional pages, if necessary**

**Name & address of school you now attend:**

**Name & address of college, university or post-secondary educational institution you plan to attend:**

**List any other scholarships you have received:**

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**List extracurricular activities in which you have participated at your school and offices you have held:**

**List community service that you have performed:**

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**Your cumulative, unweighted GPA:**

**Your best ACT or/and SAT score:**

**Your guidance counselor or principal must sign on the line below to verify your GPA and score(s).**

**Signature: Guidance Counselor or Principal**

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**Please describe why you should get this scholarship:**

**Video Instructions:**

**Create and submit a 1-2 minute video using ASL or sign language, to the best of your ability. Please discuss your post-secondary plans—what do you plan to do after graduation high school?. Please film using a solid background, adequate lighting that is not shining from behind, and submit a video that can be viewed clearly.**

**Support Letters:**

**We must receive two letters of support in order for you to receive this scholarship (one from your school; one from your community). Please ask them to put their letter in a sealed envelope. These two letters should be placed in a sealed envelope and attached to your application.**

**Names of people whom you ask to send support letters:**

**From your school:**

**From your community:**

**I certify that the information on this application is correct.**

**Signature:**

**Date:**

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**Also the following items must be attached to your applications:**

- \*Current High School Transcript verified by School Principal or H.S. Guidance**
- \*Two letters of support (one from your school; one from the community)**  
**Important note: These letters should be in a sealed envelope**
- \*Letter from School Principal verifying your hearing loss or the latest report  
an audiologist**
- \*Copies of all acceptance letters you received from higher educational institutions**
- \*Small school picture of yourself**
- \*Email your video to Michael Stultz ( natcraz@gmail.com)**

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**IMPORTANT: FAD must receive your application no later than April 1, 2018.  
Send your completed application with attachments to:**

**Michael Stultz,  
Chair FAD Education Committee  
32 Magnolia Dunes Circle  
St. Augustine, Fla. 32080**

**Email: [natcraz@gmail.com](mailto:natcraz@gmail.com)**