## 2018 Jacki Marcus Student Scholarship Application

To apply for the Jacki Marcus Student Scholarship, you must submit a complete application. All parts of the application must be received no later than January 16, 2018. Applicants will be notified by February 10, 2018

1. Student Name *
2. Student's Birthdate *
Example: December 15, 2012  3. Student's FULL Address *
4. Student's Phone Number *
5. Preferred method of contact. (Email, phone, mail, etc.) *
6. Anticipated Graduation Date *
Example: December 15, 2012  7. Current School Name *
8. Current School Address *
9. School or program that I plan to attend after high school *

\* Required

10.	Address of program *
-	
-	
-	
_	
_	
	Which of the Jacki Marcus Student Scholarship options are you applying for? *  Mark only one oval.
	Vocational
	Academic
- - - 13. <b>\</b>	Extracurricular Activities (include years and offices held) *  Volunteer Community Involvement, Organization Involvement, and/or Work Experience (include years) *
_	natures nool Representative Signature
this s	ent must provide the name, title and phone number of a school representative who can certify that student will graduate on the above date or is currently attending a precollege program and that the ent is in good standing. Transcripts are NOT required.
**Ple	ease note- student must be a resident of Illinois.
	OHH reserves the right to contact the school representative of students who are finalists for the larship to verify information.
	Name and Title of School Representative (Principal, Director, or Counselor) *

15. Phone Number of School Representative *	
16. Student Signature *	_
By entering your name above, you are verifying that all	of the information submitted is correct at the time
of submission.	of the information submitted is correct at the time
Essay	
All academic applicants are required to submit an essa goals for the future and (2) describes your hearing loss	
Vocational applicants- Please type (1) a summary discurtant (2) a description of your hearing loss and ho	
-OR- Submit a video of yourself (1) discussing your course of the occupation you wish to obtain after completion of your hearing loss and how it has affected your life. A this video in DVD format with the rest of your application as a private video and include the link in the blank provulation on the submitting the application online, it is recomprocessing program and then copy and paste it into this	our post-secondary program) and (2) a description parent or teacher may help you. Please submit n to the address listed below or upload to YouTube ided.
processing program and their copy and paste it into the	, 101111.
17. Essay	
	-
18. If you are submitting a video for the vocational	ontion please enter the link helow:
10. If you are submitting a video for the vocational	option, please enter the link below.
	_
	-
	-

If you are submitting a DVD, please mail it to the address below:

## **Letters of Recommendation**

You must submit THREE letters of recommendation with this application. Please keep a copy of this application for your records. The reference form can be found at the link below. Letters may be mailed to:

Stacey Thielman 550 Lee Drive #91 Baton Rouge, LA 70808

or emailed to: sathielman@gmail.com

Link to the recommendation letter form:

goo.gl/SO9nH6

## **Rubrics**

You can view the rubrics being used to score applications at the links below:

Academic Rubric: goo.gl/Y7gPAe

Vocational Rubric: goo.gl/0ZDgi3

## **Questions?**

If you have any questions about the application or the process, please contact Stacey Thielman at:

sathielman@gmail.com

Powered by Google Forms