

Lions Hearing Center Of Michigan & Greater  
Metro Detroit Lions Club Deborah Love-Peel  
Scholarship For Deaf / Hard of Hearing  
Students

2016

Scholarship  
Application

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone/VP/text phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

Alternate contact: \_\_\_\_\_

Name of University: \_\_\_\_\_

Major: \_\_\_\_\_

Minor (Opt): \_\_\_\_\_

Current grade level: freshman, sophomore, senior etc.: \_\_\_\_\_

When do you expect to graduate from College? \_\_\_\_\_

What is your reading level in English? \_\_\_\_\_

*Note: (Answering this question will not affect the determination of the scholarship award if you are selected. This information will help us attain the type of assistance that you need)*

What is your present GPA: \_\_\_\_\_

Did you receive a High School Diploma? \_\_\_\_\_ Certificate of Completion \_\_\_\_\_ GED \_\_\_\_\_

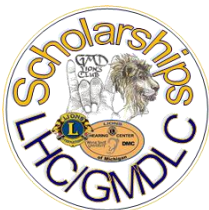
What type(s) of programs did you participate in while you were in High School:

\_\_\_\_\_  
*(Total Communication, Oral, ASL Based etc.)*

What High School did you attend: \_\_\_\_\_

Have you performed community service in the past two years if so where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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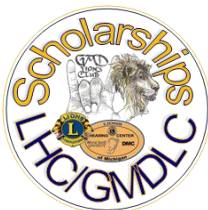
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**Please include in your package the following information:**

*(Missing documents can affect your receiving consideration for the award)*

- *Recent audiogram*
- *IEP if you are a High School Senior or graduated or will graduate in 2014*
- *Your Grades from*
  - *High School (if you graduated in the past 2 years)*
  - *College grades (if you have attended in the past year)*
- *What do you need to succeed in school? (Equipment, services software, support such as tutoring etc.)*
  - *You can write an essay or you can submit a video clip. If you need assistance with getting equipment to video clip please contact [gmdlionsclub@gmail.com](mailto:gmdlionsclub@gmail.com)*
- *Two letters of recommendation (see below)*
- *A list of your community service activities if applicable*
- *Proof of enrollment in school of choice for the upcoming year  
(This can be completed after the award determination)*
- *Please submit a photo with your application for publication regarding the award.*
- *Signed release form (see below)*
- *There is no age limit for these scholarships. If you have been out of school over 3 years please note in the comments why you are returning to school at this time, and let us know what you have been doing. If you need more information or assistance regarding this, please contact the scholarship coordinator at [gmdlionsclub@gmail.com](mailto:gmdlionsclub@gmail.com).*

**All applications should be submitted by September 30, 2016. Awards will be announced by October 5, 2016 and awarded at the Lions Hearing Center annual Dinner Dance Fundraiser in November. You will be notified before the Scholarship event so that you can plan to attend. If you are in a school out of state we will ask that a family member or friend be present at the event if at all possible to accept your award Certificate.**



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## Application Criteria

1. Applicants must be residents of Michigan for at least 1 year however they can attend out of state schools.
2. Applicant must submit proof of registration in a college or trade school to receive the award. (*This information will be needed only if you have been named to receive the award, and before the funds are released*)
3. Applicant must show report card (*from Higher Learning institution or High School*) for a year prior to applying for the award if applicable. If you received a GED please attach a copy of your GED certificate. **NOTE: GPA does not affect eligibility of the award.**
4. If reading level is below 5<sup>th</sup> grade, applicant must be willing to accept assistance from this program to improve their reading ability, if applicable.
5. Applicant must submit one proof of hearing loss:
  - a. such as an audiogram
  - b. physician's verification
  - c. IEP
6. Applicants can use a variety of media to submit their application:
  - a. Essay
  - b. Videotape presentation
7. **Two letters** of recommendation will **be required**: personal letter from a relative or friend and/or professional recommendation
8. Recipients and one alternate will be chosen based on funding.

**Awards are sent directly to the school or given to the applicant. You must be enrolled in the school by January 31 following the determination of eligibility of scholarship as a winner or you will forfeit your award.**

**Applications can be mailed to:**

Deborah Jameen Love-Peel, PCS  
Greater Metro Detroit Lions Club  
PO Box 37320  
Oak Park, MI 48237

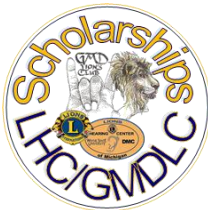
**Send via email to**

[gmdlionsclub@gmail.com](mailto:gmdlionsclub@gmail.com)

**Or Fax to 866-395-1064**

**Phone number 313-279-1494**

**phone or text 313-377-7767**



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**RELEASE of Ad/Copy**

I \_\_\_\_\_ , give the Lions Hearing Center of Michigan, and the Greater Metro Detroit Lions club permission to use my video's, essays, and photos in conjunction with any written publications regarding the Deborah Love-Peel Scholarship Fund for Deaf and Hard of Hearing Students.

I also authorize organizational use of submitted photos, essays, bios, and captured videos in the organization's newsletters, and advertising for community, and corporate solicitation in regards to the Deborah Love-Peel Scholarship Fund.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant ( Must be 18 years or older)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian if applicant is under 18 years of age

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Scholarship Agent

Name: \_\_\_\_\_

