



Tom and Kathryn Harbison ASL Legacy Scholarship Application Form

One Tom and Kathryn Harbison ASL Legacy Scholarship award is available in amount of \$1,500.00 annually. Award is for one year only, but recipient may re-apply for a second year. All scholarship awards will be paid directly to recipients.

To qualify for consideration for a Tom and Kathryn Harbison ASL Legacy Scholarship, applicant must:

- be deaf
- use ASL as a primary language
- be a resident of Wisconsin
- be registered as a full-time student at a college or university in the United States
- have a minimum 3.0 cumulative grade point average through the most recent grading period
- be majoring in Deaf education with a Bilingual/Bicultural emphasis, teaching ASL as a first or second language, ASL linguistics, ASL studies, Deaf studies, language acquisition in the ASL field, or a related field

Please type or print clearly.

Academic Year Applied for: _____

Name _____
First Middle Last

Street Address _____

City, State, Zip Code _____

E-mail Address _____ TEXT/VP Number _____

Name of College/University Enrolled in _____

City/State of College/University _____

Year _____ Major _____

Anticipated Year of Graduation _____ Cumulative Grade Point Average _____

Please attach a copy of your most recent transcript or grade report with cumulative grade point average indicated.

Please list any awards or honors that you have received at college/university.

Please list any sports, extracurricular or community service activities that you have participated in at college/university. Also, history of employment. Add a separate paper if necessary.

On a separate paper, please describe why you are applying for this scholarship, your qualifications, your educational and career goals, and your ASL background. Please limit your statement to no more than 300 words. *This statement may be substituted with a signed video, up to five minutes long.*

Please submit two (2) written letters of recommendation from a non-family member explaining why you should receive this scholarship. The letters should indicate the capacity in which the letter writer knows you, e.g. as a student, employee, or other capacity. The letters of recommendation should be sealed and mailed directly to WSDF or emailed directly to aslegacy@wsdfoundation.org.

Mail this application form with supporting documents by JULY 1ST to:

WSD Foundation
ATTN: Scholarship Committee
P.O. Box 822
Delavan, WI 53115

Late or incomplete application will NOT be accepted.

Questions concerning this scholarship can be directed to aslegacy@wsdfoundation.org.

I have read and understand the qualifications for the Tom and Kathryn Harbison ASL Legacy Scholarship and have filled out the application completely, and have included a typed essay or a signed video and two letters of recommendation. I also understand that I may be contacted for an interview in person or via videophone by the WSDF Scholarship Committee. I authorize WSD Foundation to confirm any details in this application by contacting the appropriate persons. I agree to allow WSD Foundation to use my likeness in promotional material should I be selected as a scholarship winner.

Applicant's Signature

Date