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

NAME: ______________________________ DATE: ______________

ADDRESS: ______________________________

BANNER ID#: __________ PHONE: __________ KSU email: ______________

Have you been admitted to Advanced Study or to the Masters program in Deaf Education? Yes__No__

Are you enrolling full time or 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.

Application Deadline: February 14th

Return this form and your statements to:

Pamela Luft, Ph.D.
405 White Hall, Kent State University
Kent, Ohio 44242-0001
pluft@kent.edu

Updated 1-5-12