HARRY V & LUCILLE WORKMAN SCHOLARSHIP APPLICATION
Teacher Education Program in Deaf and Hard of Hearing

NAME: ______________________________________________________ DATE: __________________

ADDRESS: ___________________________________________________________________________________

KSU 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.
   a. *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 Deadlines: November 1st for Spring award; February 14th for Fall award

Return this form and your statements to:

Pamela Luft, Ph.D.
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Kent, Ohio 44242-0001
pluft@kent.edu