

**Application for the  
Charlotte Newcombe Scholarship**

**Deadlines:** Fall/Spring Semesters: August 15th

Summer Semester: May 1st

This Scholarship is offered to **deaf and/or disabled** students in the Deaf Education or ASL Specialist program. Please note that the funds available to award this scholarship are very limited.

**In order to be considered for this scholarship, you must file the FAFSA form with the Federal Government.**  
The Charlotte Newcombe application must be submitted to the Financial Aid Office.

I) Personal Information:

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Local Address \_\_\_\_\_

\_\_\_\_\_

Local Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you identify yourself as deaf? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you identify yourself as having disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

II) Academic Information:

List all previous colleges attended:

<u>Name</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What program are you taking at WMC? \_\_\_\_\_

How many semesters have you already attended at WMC? \_\_\_\_\_

What is your current Cumulative Graduate G.P.A.? \_\_\_\_\_

What is your expected date of graduation? \_\_\_\_\_

If you plan to student teach, indicate which semester. \_\_\_\_\_

III. Extracurricular and Personal Activities:

Please list your principal extracurricular, community, and personal activities:

Activity

Date

List work experience within the last 3 years. (You may include volunteer work)

Employer

Type of work

Dates

IV. Goals:

Discuss briefly your future career goals related to your education at WMC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_