MONA McARTHOR QUOTA AWARD/SCHOLARSHIP APPLICATION

(\$500.00 one time scholarship for students enrolled or enrolling in an accredited College or University, majoring in Audiology, Speech Pathology or Deaf Education)

(riease type or print)		
Name	4,	
Last	First	Middle
Date of Birth		
(Home Phone)	(Cell Phone)	(E-mail)
Name and Address of Pare	ent(s) or Legal Guardian	
High School or College	Graduat	ion Date
**********	***********	*************
(If you need additional Pease state briefly your po	al space for the following questions, please ost high school / college plans	use another sheet of paper)
Why have you chosen the	field of Speech & Hearing?	
List clubs, activities, and of	fices you have held:	
List any community service	s in which you were / are inv	volved:
(Please include 2 Faculty Re	eference Letters)	
Applicants Signature		
**********	**************	***********
	chool or College: ClassRank_	
Please return applications l	oy May 5, 2023 to;	Susan Jackson 616 W. Virginia Ave. Sebring, OH 44672