Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College/University/Trade School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Community Service completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach additional pages if necessary.

Brief Essay

Please submit a brief essay (no more than 2 pages) about yourself. We would like to know your academic interests, why you feel you are deserving of this award, how you plan to used the funds if you are awarded a scholarship, some of the challenges you have and currently face, and any additional personal information you would like to share. All or some of your essay may be published and distributed.

Note: There is no age limit for these scholarships. If you have been out of school for over 3 years please tell us in your comments why you are returning to school at this time and let us know what you have been doing during your time away from school. If you need additional information please contact Lions of Michigan Foundation at info@lhcmi.org.

About the Scholarship

We will be awarding up to four $500.00 scholarships to deaf and/or hard of hearing students for higher education for the calendar year 2020.

Scholarship Criteria and Documentation Required

1. Applicant must submit proof of hearing loss, examples: recent audiogram, physicians verification, or an IEP if you are a high school senior.
2. Applicant must be a resident of Michigan for at least 1 year.
3. Applicant must have current GPA of 2.6 or higher. If you have received a GED please attach a copy of your GED certificate. **GPA does not affect eligibility of the award.**
4. Applicant must submit documentation of registration into a college, university, or trade school.
5. Applicant must submit 1 letter of recommendation from either a relative, friend, or professional contact.
6. Applicant must submit a photo with your application to be used for publication.
7. Applicant must complete the waiver form and include it with your application.
8. Applicant can use a choice of media to submit their application:
	* 1. Essay
		2. Videotape presentation
		3. PowerPoint presentation
9. Completed applications must be postmarked by June 15, 2020.
10. Scholarship winners will be notified by July 1, 2020 for possible presentation at the Lions of Michigan Hall of Fame Dinner August 1, 2020.

Mail your application and documents to:

Lions of Michigan Foundation

5730 Executive Drive

Lansing, MI 48201

[www.lhcmi.org](http://www.lhcmi.org)

info@lhcmi.org

Must be postmarked no later than June 15, 2020.

**Release of Ad/Copy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Lions of Michigan Foundation, the Dr Robert Mathog Lions Hearing Center of Michigan, and The Deborah Love-Peel Scholarship Fund permission to use my video’s, essays, and photos in conjunction with any written publications regarding this scholarship application.

I also authorize organizational use of submitted photos, essays, bios, and captured videos in the Lions of Michigan newsletters and advertising for community and corporate solicitation in regard to The Deborah Love-Peel Scholarship Fund.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 (must be 18 years of age or older)

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 (if applicant is under 18 years of age)

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_