

Northville Hearing Center

Scholarship Application

Due Date: April 2, 2009

www.northvillehearing.com

Applicant Data
(please print or type application)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Educational Data

Name of High School or Equivalent _____

City _____ State _____

Graduation Date: _____

In the Fall of 2009, I plan to attend:

Name of College or Institution _____

I will be pursuing a degree or Certification in:

Required

In one page or less, please describe how hearing instruments may have influenced you.

Have you ever been convicted of any misdemeanors or felonies? ___ Yes ___ No

Certification

I certify that the aforementioned information is correct and true to the best of my knowledge. I understand that if I am selected for an award I may be required to submit my acceptance to or enrollment in my chosen school. I agree that if I am selected for an award my name and photograph may be published.

Signature _____ Date _____