



Delaware Deaf Senior Citizens

Scholarship Application

Allen Talbert
President

DDSC, a 501(c)(3) organization, offers scholarship opportunities of up to \$500.00 to Delaware Deaf, hard of hearing and DeafBlind students in grades 6-12.

Mark Alford
Vice President

Examples of supported learning opportunities include summer and weekend camps and programs or courses which support student goals, but which are not offered through the individual's school. (This may be in various areas: academic, leadership, the arts, drama or sports).

Mary Ann
Richmond
Secretary

Paul Haring
Treasurer

Please note, while we are open to consideration of attendance at all kinds of programs, priority will be given to applicants who choose camps/programs that are focused on Deaf, hard of hearing and DeafBlind students. Additionally, priority will be given to applicants who demonstrate financial need.

If you are interested in applying for such a scholarship, please complete the application form and send to ddscdelaware@gmail.com by December 1, 2025. Applicants will be notified if they receive a scholarship by December 15 or earlier.



Delaware Deaf Senior Citizens

Scholarship Application Form

1.	Last Name:	First Name:
	If you have a different preferred name, please add it here:	
2.	Address: Street: City:	State: Zip Code:
3.	Email:	
4.	Date of Birth: Month: Day: Year:	
5.	Name of current school: Current grade:	
6.	What school will be attending in the fall of 2025?	

7.	<p>For high school students, what is your current GPA (Grade Point Average)?</p> <p>For all students, please attach a scanned copy of your most recent official transcript or report card to the application email.</p>
8.	<p>Name and address of your parent(s) or legal guardian(s):</p>
9.	<p>Reference: Name and contact information of the school personnel who is supporting your application:</p> <p>Name: _____ Position: _____ Email: _____ Phone/Text: _____</p> <p>Note: There is a Consent to Release Information Form included in this application process that allows the committee to talk with the above school personnel about you.</p>
10.	<p>Briefly describe the activity you are requesting funds for, including dates of attendance. If you have an organization brochure with a description of the camp or program, please include that as well.</p>

11.	<p>How much money are you requesting? \$ _____</p> <p><i>Please note there is a limit of \$500 per request.</i></p> <p>Specifically, what is this money for (check all that apply):</p> <p>____ registration/activity fee ____ travel</p> <p>____ other (specify)</p>
12.	<p>Do you qualify for the free or reduced lunch program?</p> <p>____ Yes</p> <p>____ No</p> <p>____ Unknown</p>
13.	<p>Are you experiencing homelessness (McKinney-Vento)?</p> <p>Education for Students Experiencing Homelessness – Delaware Department of Education</p> <p>____ Yes</p> <p>____ No</p> <p>____ Prefer not to answer</p>
14.	<p>Are you in the Families in Transition (FIT) Program?</p> <p>____ Yes</p> <p>____ No</p> <p>____ Unknown</p>
15.	<p>Please attach a written or video statement of why you wish to participate in this activity and how you believe it will benefit you. Include how you hope to use the skills and knowledge you gained from this activity.</p>

Please check to acknowledge and agree that if you are awarded a scholarship, you will provide DDSC with a written or video summary of what you have learned and how you benefited. Note: this statement is due within three weeks of completion of the activity.

Student checklist:

Did you enclose all of the following with your application?

- Copy of Recent Transcript or Report Card
- Organization description of camp or activity if you have it
- Written or Video Statement describing the activity you are asking support for and how it will benefit you
- Signed Consent to Release Information Form



Delaware Deaf Senior Citizens

Consent for the Release of Information

Child's Name: _____

Date of Birth: _____

I give the Delaware Deaf Senior Citizens Association (DDSC) permission to receive information about my child from Delaware Statewide Deaf Education Programs.

I give Delaware Statewide Deaf Education Programs permission to send information about my child to DDSC.

Type of Information to be shared:

Only information specific to my child's eligibility and suitability to receive scholarship support from DDSC.

This information is good for only one year after I sign it.

I am the child's (please circle) parent, guardian, and custodian.

Printed Name

Signed Name

Date

OR

I am signing this myself as I am over 18 years of age.

Printed Name

Signed Name

Date