



HLAA-CC Mortimer Bauer Memorial Scholarship

Scholarship Application for Students who are Deaf or Hard of Hearing

Student Information

Last Name:	First Name:	
Date of Birth:	Email Address:	Phone:
Address:		
City:	State:	Zip Code:

Parent Information

Mother/Legal Guardian:

Last Name:	First Name:	
Email Address:	Phone:	
Address:		
City:	State:	Zip Code:

Father/Legal Guardian:

Last Name:	First Name:	
Email Address:	Phone:	
Address:		
City:	State:	Zip Code:

Student's Educational Information

School District:		
High School:	Graduation Year:	
City:	State:	Zip Code:
College or Vocational School you will be Attending:		
City:	State:	
Intended Major:	Intended Minor:	GPA:

This is a digitally fillable form. After typing in your information save it and Email this form and your essay submission to your hearing support teacher.

Application Is Due: April 1st

HLAA-CC Contact Information:

Email: hlaachesco@gmail.com

Website: www.hearinglosschesco.com

Phone: 484-402-4907

Facebook: HLAA Chester County

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