**APPLICATION FOR ROSE RUNZLER SCHOLARSHIP**

(To be completed in English by applicant)

1. PERSONAL INFORMATION

Name of applicant EMAIL

Address City/State/Zip:

Date of Birth Home Phone

Type and Degree of Visual/Hearing Impairment:

2. EDUCATIONAL BACKGROUND

 College attended and date:

 Degree(s) received: Major field:

3. EDUCATIONAL PLANS FOR THE FUTURE:

 Name of Graduate School or Department:

 Address of Institution:

 Advance degree sought:

 Area of specialized study:

 Program:

4: PROFESSIONAL GOAL:

5. PERTINENT FACTS CONCERNING YOUR SPECIAL NEED FOR SCHOLARSHIP IN CONJUNCTION WITH YOUR PROGRAM OF WORK:

PLEASE ENCLOSE OFFICIAL TRANSCRIPT OF GRADES, CLUB ENDORSEMENT, AND LASERTOMA INTERNATIONAL FINANCIAL STATEMENT (LSI Form C6).

DATE SIGNATURE OF APPLICANT

APPLICATIONS WILL NOT BE RETURNED TO APPLICANT. CHECKS WILL BE DISTRIBUTED TO THE SPONSORING LASERTOMA CLUB AT INTERNATIONAL CONVENTION, BUT MAY NOT BE RELEASED TO THE STUDENT UNTIL THE CLUB HAS VERIFIED STUDENT ENROLLMENT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING.