



## Hamilton Relay Scholarship Application School Year 2018-2019

*(You may print or type responses on this form, or reproduce form on computer.)*

- Deadline is January 19, 2019 (application must be postmarked by this date).
- The scholarship will be awarded to a *graduating high school senior* who is deaf, hard of hearing, deaf-blind or has difficulty speaking.
- Applicant must complete this application in its entirety and include:
  - Response to Essay Question
  - Letter of Recommendation
- Applicant and/or a parent or guardian, if under the age of 18, must read and sign the enclosed talent release form and submit with application.
- Please paper clip all attachments together with application. Do not staple. Do not include binders or report covers with your submission.
- If a question is not applicable to you, please write "N/A" (do not leave question blank).

### Applicant Information:

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

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

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

Student Email: \_\_\_\_\_

Home Telephone (Voice/TTY/Internet Relay/Video Relay/Captioned Telephone):

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

Parent/Guardian Name(s):

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

**Parent/Guardian Contact Information:**

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**High School Name/Graduation Date:**

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**High School Counselor's Name:** \_\_\_\_\_

**High School Counselor's Email:** \_\_\_\_\_

**High School Telephone Number:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**How did you hear about the Hamilton Relay Scholarship?**

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The \$500 scholarship is intended for a graduating senior who is deaf, hard of hearing, deaf-blind or has difficulty speaking.

I am/have:     Deaf         Hard of Hearing         Deaf-Blind         Speech Difficulty

**Essay: Please write a short, one page essay in answer to the question below:**

***Of all the services available from Hamilton Relay, which would you find most beneficial to you in your college career and how will that impact your future career/volunteer goals? Services include: TTY, Hearing Carry Over, Voice Carry Over, Speech-to-Speech, Deaf-Blind Service, Spanish and Captioned Telephone.***

**List clubs, sports, organizations, community service and activities that you have been involved in during your high school years:**

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**Work Experience:**

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**Please list the school you plan to attend in the Summer or Fall of 2019. If you have not chosen a school, please list the schools you have applied to/been accepted for admission:**

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**Please list your potential field of study:**

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**Please read before submitting your scholarship application:** By submitting this application, I certify that the information contained therein is correct to the best of my ability and understand that false information or omission of data may result in denial of my application. I will provide all materials to the Hamilton Relay scholarship committee to be postmarked by January 18, 2019. If chosen for the Hamilton Relay \$500 Scholarship award, I agree to complete the Scholarship Recipient's Agreement Form and return it to Hamilton Relay. I understand that if I do not comply with this requirement, my scholarship funds will be awarded to the selected alternate.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For minors (students under the age of 18):

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **I have included a Letter of Recommendation from a faculty/ staff member at my High School or from a current or past Employer.**

\_\_\_\_\_ **I have included the Application Form with a one page Essay.**

\_\_\_\_\_ **I have included the signed Talent Release Form.**

**Please return the required materials collectively by mail on or before January 18, 2019 (application must be postmarked by this date) to:**

**Hamilton Relay Scholarship Committee  
1006 12<sup>th</sup> Street  
Aurora, NE 68818**



1006 Twelfth Street  
Aurora, Nebraska 68818  
voice/TTY 800.618.4781  
fax 402.694.5110  
web site: [www.hamiltonrelay.com](http://www.hamiltonrelay.com)  
e-mail: [info@hamiltonrelay.com](mailto:info@hamiltonrelay.com)

## Hamilton Relay 2019 Scholarship Award Talent Release

I hereby submit my application for the 2019 Hamilton Relay Scholarship Award (“the award”). I acknowledge that if I am selected to receive the award, my name and/or image may be published or used in relation to receiving the award and I (we) do hereby irrevocably authorize Hamilton Relay, Inc., a Nebraska corporation (“Hamilton Relay”), its successors and assigns, and those acting under its permission or on its authority, in perpetuity, to use, publish, advertise, or use in any other lawful purpose whatsoever, the photographic commercial film, videotape, audio tape, written/verbal testimonial, digital images or pictures of me (us) (collectively, the “materials”) taken or provided in relation to receiving the award in 2019. I (we) acknowledge that Hamilton Relay owns the copyright with regard to the materials and that the materials may be prominently displayed in any type of media without any compensation or other consideration. Further, I (we) waive any right to privacy and/or publicity that I (we) may have with regard to the utilizations of the materials, including, without limitation, utilization in any promotional materials of Hamilton Relay.

I (we) do hereby waive any right that I (we) may have to inspect or approve the finished product of advertising or other copy that may be used in connection therewith or the use to which it may be applied.

No utilization of the materials shall be the basis of any future claim, demand or suit against Hamilton Relay, its parent, subsidiary and affiliated companies, the officers, directors, agent or employees of any of these, or its successors or assigns, nor shall this Talent Release be the basis for any such claim, demand or suit.

I (we) do hereby warrant that I am (we are) of full age and have every right to contract in my (our) name in the above regard and that I (we) have read the above authorization release, prior to its execution, that I am (we are) fully familiar with the contents thereof and by these presents, authorize the use of the materials and release and relieve Hamilton Relay and its successors and assigns from any liability by virtue of the use of the materials.

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

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

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

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

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Signature: \_\_\_\_\_

*Parents or guardians must sign for minor children.*