

2019 ASLTA Conference Scholarship

Deadline: February 1, 2019

Eligibility Statement

- Current member of ASLTA and ASLHS
- Completed application, including fully answered questions.
- One letter of recommendation, either from applicant's supervisor or professional contact.
- All recipients will be requested to volunteer at least 2 hours per day during the conference. This may be as a table monitor, ticket taker, room host, etc...

2019 ASLTA Conference Scholarship Application Checklist

To the applicant:

It is your responsibility to complete each of the following requirements by February 1, 2019. If any portion is omitted or postmarked after the deadline, your application will not be considered.

Scholarship Checklist:

- Part A: Confirm your ASLHS membership.....
- Part B: Completed application with answer questions.....
- Part C: Have supervisor or professional contact write a letter of recommendation.....
- Part D: Sign the letter of agreement.....

All materials in this application should be mailed in **one packet/email to:**

Christine Sharkey
c/o ASLHS
Delaware School for the Deaf
630 E. Chestnut Hill Rd.
Newark, DE 19713
aslhs@aslt.org Subject line: 2019 Ticket



Note: Do **NOT** send your packet via certified mail or signature required, as this may result in a significant delay.



2019 ASLTA Conference Scholarship, Part A

Before submitting your scholarship application, first verify that your ASLTA and ASLHS is current. Do this by:

Step 1: Visit the *Chapters* page of the ASLHS website (www.aslhonorsociety.org/Chapters.html).

Step 2: Scroll down and find your state and institution name.

Step 3: If there is no instructor name or check mark, your scholarship application will not be processed because your institution is not an active ASLHS member for 2018-2019.

Step 4: If your institution does not appear on the list at all, then your scholarship application will not be processed because you are not an active ASLHS member for 2018-2019.

Alternative: If your name and school is not listed on the website, please attach your membership receipt with your scholarship application for verification.

2019 ASLTA Conference Scholarship, Part B
Print All Information in Black or Blue Ink

1. Biographical Information

Applicant's Legal Name *Birth Date (mm/dd/yyyy)*

Street Address *Telephone*

City, State, Zip Code *Email*

2. Describe your ASL Honor Society Involvement:

Have you participated in the annual Deaf Art or ASL Literature competitions, hosted by the ASL Honor Society?

_____ *Yes. Indicate year/s:* _____ _____ *No*

3. Why do you want to attend the 2019 ASLTA Conference?

4. What do you teach specifically and how will the information learned at the 2019 ASLTA Conference directly apply to your professional goals?

5. Describe your involvement in the Deaf community events and/or organization. How have you used your ASL skills outside of your profession. Examples: volunteering with a Deaf organization, participating in a Deaf fundraising event, providing interpreting services, etc..

6. Looking at the conference workshop categories, <https://www.aslta2019.com/schedule/> which category interests you the most and why?



2019 ASLTA Conference Scholarship, Part D

Letter of Agreement

By signing your name and submitting this scholarship application, you agree to the following stipulations:

- a. You are currently a 2018-2019 member of ASLHS.
- b. You plan on attending the 2019 ASLTA Conference.
- c. You understand the ASL scholarship includes one complete registration ticket only.
- d. It is your responsibility to inform the ASL Honor Society if you are unable to attend the conference.
- e. You understand your application becomes the property of the ASL Honor Society.
- f. You understand that you will be requested to volunteer at least 2 hours per day during the conference. This may be as a table monitor, ticket taker, room host, etc
- g. I understand that the ASL Honor Society does not discriminate on the basis of race, color, national or ethnic origin, age, ancestry, religion, disability, sex, gender, sexual orientation, military or veteran status, generic information, hearing status, or any other characteristic protected under federal law.

I, _____, agree to the terms of the ASL scholarship offered
please print

by the ASL Honor Society. I understand the competitive nature of national scholarships and that I am not guaranteed a scholarship simply by submitting this application. I affirm that both essays are my own work and I assume full responsibility for their content.

Applicant's Signature

Date