



**Lillian Gross Educational Scholarship  
Rehabilitation Association of Nebraska  
2016**

**Goal:** To provide a scholarship for a student studying the field of **education for individuals who are deaf or hard of hearing, interpreting for the deaf or a related area.**

**Award:** In the spring of 2016, an award of \$500 will be given, to be used in the fall of 2016. Applicants must be a Nebraska resident. Preference will be given to individuals who have a disability.

**Selection Committee:** A representative in the field of education, the president and three members of the Rehabilitation Association of Nebraska, a consumer, and independent representative.

**Application Criteria and Procedures:**

- 1) Be a graduate or undergraduate student in the field of education for individuals who are deaf or hard of hearing, interpreting for the deaf or a related area. You may be a high school senior planning to major in this area.
- 2) Complete a Scholarship Application.
- 3) Provide at least one letter of recommendation.
- 4) Complete the Statement of Disability, if applicable.
- 5) Submit a grade transcript. (To be used only in the event of a difficult decision.)
- 6) Submit the scholarship application to: Scholarship committee, Rehabilitation Association of Nebraska, C/O Vocational Rehabilitation Services, 301 Centennial Mall South, 6<sup>th</sup> Floor, PO Box 94987, Lincoln, NE 68509-4987.

**APPLICATION DEADLINE: March 31, 2016**

**Page 1 of 2 or 3 (if applicable)**



**Scholarship Committee**

Rehabilitation Association of Nebraska  
C/O Vocational Rehabilitation Services  
301 Centennial Mall South-6<sup>th</sup> Floor  
P.O. Box 94987  
Lincoln, NE 68509-4987

**LILLIAN GROSS EDUCATIONAL  
SCHOLARSHIP APPLICATION**

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City County State Zip

**TELEPHONE:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

Are you a Nebraska resident?     YES     NO

Where do you plan to attend school? \_\_\_\_\_

Please answer the following questions on a separate sheet of paper and attach to this application:

1. How did you develop an interest in the field of education or interpreting for individuals who are deaf or hard of hearing?  
\*(Please state your career goal and what has influenced your decision.)
2. What are some influences which have made you a successful person?
3. List one or more of your accomplishments. You may include special projects, school, volunteer, etc.
4. Why should the selection committee award you the Lillian Gross Educational Scholarship?

Scholarships must be postmarked by March 31, 2016



**Scholarship Committee**  
**Rehabilitation Association of Nebraska**  
**C/O Vocational Rehabilitation Services**  
**301 Centennial Mall South-6<sup>th</sup> Floor**  
**P.O. Box 94987**  
**Lincoln, NE 68509-4987**

**STATEMENT OF DISABILITY**

I, \_\_\_\_\_ have a disability.  
(Name)

Please describe your disability, how it has impacted your life: \_\_\_\_\_

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Signed: \_\_\_\_\_

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