

**Scholarship Trust for the Hearing Impaired (“Trust”)
Scholarship/Grant Acknowledgment Form**

Full Name of Recipient: _____

Recipient Address: _____
Street
City
State
Zip

Telephone Number: _____

If Recipient Is a Minor

Name of Parent or Guardian: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Natural Parent _____ Court Appointed Guardian _____

For Scholarship Recipients:

IN ADDITION TO PROVIDING THE INFORMATION ON THIS FORM, PLEASE ATTACH A COPY OF ALL TRANSCRIPTS FOR COURSES OF STUDY FUNDED BY THE TRUST.

School Attended: _____

Dates Attended: From _____ to _____
Month/Day/Year
Month/Day/Year

Course of Study: _____ Degree Sought: _____

Part Time or Full Time: _____

Expenses Covered by Scholarship (include specific itemized list): _____

For Grant Recipients:

IN ADDITION TO PROVIDING THE INFORMATION ON THIS FORM, PLEASE ATTACH A COPY OF ALL RECEIPTS FOR EXPENSES EXCEEDING \$50 WHICH WERE COVERED BY A GRANT FROM THE TRUST.

Vendor Where Purchases Made: _____

Dates Made: From _____ to _____
Month/Day/Year Month/Day/Year

Use of Purchases: _____

All Expenses Covered by Grant (include specific itemized list): _____

I understand that the failure to timely return this Acknowledgement Form within ninety (90) days in which the Scholarship/Grant is made may subject the Recipient and/or Parent/Guardian to the applicant listed including but not limited to the return of all Scholarship/Grant further received and loss of eligibility for further Scholarship/Grants.

Signature of Recipient or Parent Guardian (if Recipient is a Minor)

Printed Name

Signature

Date