

# Interpreter Education Program - Regional OSEP

## Application for Scholarship

### Student Information

Full Name:: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment # #*

\_\_\_\_\_

*City State ZIP Code*

Phone : ( ) E-mail Address:: \_\_\_\_\_  
Date of Birth:: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Overall G.P.A. \_\_\_\_\_

Are you a citizen of the United States?? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever applied for this grant?? YES  NO  If yes, when \_\_\_\_\_

Have you completed ASL I and have declared a major in Interpretation (AA/BA)?? YES  NO   
If no, please explain \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address : \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Address : \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_  
Other: \_\_\_\_\_ Address : \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three references*

Full Name:: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Company \_\_\_\_\_ Address \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Company: \_\_\_\_\_ Address \_\_\_\_\_

Full Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Company: \_\_\_\_\_ Address \_\_\_\_\_

**Extracurricular Activities/Scholastic Honors**

Describe strengths you bring to the field of interpreting.

Do you currently use/know sign language? \_\_\_\_\_ If yes, please explain. Include prior professional experience, course work, and/or social contact with persons who are Deaf.

Discuss your reason for seeking training in interpreting and your vocational plans and career goals following completion of training.

Please indicate any additional information that may assist the screening committee in awarding traineeships. Examples include, but are not limited to: minority status, disabilities, and financial need.

If accepted, when do you plan to begin course work?    Spring                  Summer I                  Summer II                  Fall

Do you plan to attend UALR (Check one):    Full -time                  Part-time                  Summers Only

**Disclaimer and Signature**

*I certify that my information are true and complete to the best of my knowledge. If this application leads to funding. I understand that false or misleading information in my application and/or interview may result in funding revocation.*

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

Please return to:  
Jami Hollingsworth, OSEP Regional Project Coordinator  
Interpreter Education Program  
Department of Counseling, Adult and Rehabilitation Education (CARE)  
2801 South University Avenue  
Little Rock, AR 72204-1099