

# JANESSA FLEMING MEMORIAL FUND SCHOLARSHIP

Amount of Scholarship will be determined by the Janessa Fleming Memorial Fund Board of Directors according to funds available.

Must meet at least one of the following criteria:

- ❖ Seeking a career which directly benefits the Deaf Community (example: Audiology)
- ❖ Seeking a career as a Sign Language (ASL) interpreter
- ❖ Deaf or Hard of Hearing Student wishing to continue their post-secondary education (Must provide an audiogram/proof of hearing loss)

**Deadline:** Applications must be received/postmarked by **March 20, 2025**

**Submit to:** Janessa Fleming Memorial Fund Scholarship, 40 Janessa Drive, Indiana, PA 15701.

## PLEASE PRINT OR TYPE:

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

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

City, State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College/Program you will be attending (include address): \_\_\_\_\_

College Student ID # \_\_\_\_\_

Intended Major: \_\_\_\_\_

Briefly explain your family's financial situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESSAY:** Please attach an essay explaining why you chose the field of study that you intend to pursue.

**RECOMMENDATION:** Please attach at least one Letter of Recommendation from a member of your school's personnel (teacher, guidance counselor, administrator, etc). Please have this person include their knowledge of your intent to pursue post-secondary education in deaf education/research/instruction.

*\*\*Please note that a picture of the scholarship recipient must be provided when awarded the scholarship. Also, this signed document serves as a release to use said photo for publicity of the Janessa Fleming Memorial Fund only.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent (If applicant is a minor)