

## Hamilton Relay Scholarship Application School Year 2018-2019

(You may print or type responses on this form, or reproduce form on computer.)

- Deadline is January 19, 2019 (application must be postmarked by this date).
- The scholarship will be awarded to a graduating high school senior who is deaf, hard of hearing, deaf-blind or has difficulty speaking.
- Applicant must complete this application in its entirety and include:
  - Response to Essay Question
  - Letter of Recommendation
- Applicant and/or a parent or guardian, if under the age of 18, must read and sign the enclosed talent release form and submit with application.
- Please paper clip all attachments together with application. Do not staple.
   Do not include binders or report covers with your submission.
- If a question is not applicable to you, please write "N/A" (do not leave question blank).

## **Applicant Information:**

Name (First, Middle, Last):			
Date of Birth (MM/DD/YY):	_ Gender: I	м	F
Address:			
City/State/Zip:			
Student Email:			
Home Telephone (Voice/TTY/Internet Relay/Video Rela		•	,
Parent/Guardian Name(s):			

Parent/Guardian Contact Information:			
	ne/Graduation Date:		
High School Cou	ınselor's Name:		
High School Coւ	ınselor's Email:		
High School Tele	ephone Number:		Current GPA:
High School Add	Iress:		
How did you hea	r about the Hamilton Rela	y Scholarship?	
hearing, deaf-bli	rship is intended for a grand or has difficulty speaki	ng.	,
Essay: Please w	rite a short, one page essa	ny in answer to th	e question below:
find most impact yo Hearing (	services available from t beneficial to you in you our future career/volunte Carry Over, Voice Carry ( Spanish and Captioned	r college career er goals? Servid Over, Speech-to	and how will that ces include: TTY,
· •	s, organizations, commun during your high school y		tivities that you have
Work Experience	<b>e</b> :		

	school, please list the so	the Summer or Fall of 2019. If you chools you have applied to/been
Please list your po	otential field of study:	
application, I certify ability and understa my application. I will to be postmarked by Scholarship award, and return it to Ham requirement, my school	that the information contain and that false information or Il provide all materials to the y January 18, 2019. If chos I agree to complete the Sc nilton Relay. I understand th	reship application: By submitting this ned therein is correct to the best of my omission of data may result in denial of a Hamilton Relay scholarship committee sen for the Hamilton Relay \$500 holarship Recipient's Agreement Form nat if I do not comply with this rded to the selected alternate.  Date:
For minors (students un	der the age of 18):	
Parent Signature _		Date:
		of Recommendation from a faculty/ School or from a current or past
	I have included the Appl	ication Form with a one page Essay.
	• •	
	I have included the sign	ed Talent Release Form.

Hamilton Relay Scholarship Committee 1006 12<sup>th</sup> Street Aurora, NE 68818



1006 Twelfth Street Aurora, Nebraska 68818 voice/TTY 800.618.4781 fax 402.694.5110

web site: www.hamiltonrelay.com e-mail: info@hamiltonrelay.com

## Hamilton Relay 2019 Scholarship Award Talent Release

I hereby submit my application for the 2019 Hamilton Relay Scholarship Award ("the award"). I acknowledge that if I am selected to receive the award, my name and/or image may be published or used in relation to receiving the award and I (we) do hereby irrevocably authorize Hamilton Relay, Inc., a Nebraska corporation ("Hamilton Relay"), its successors and assigns, and those acting under its permission or on its authority, in perpetuity, to use, publish, advertise, or use in any other lawful purpose whatsoever, the photographic commercial film, videotape, audio tape, written/verbal testimonial, digital images or pictures of me (us) (collectively, the "materials") taken or provided in relation to receiving the award in 2019. I (we) acknowledge that Hamilton Relay owns the copyright with regard to the materials and that the materials may be prominently displayed in any type of media without any compensation or other consideration. Further, I (we) waive any right to privacy and/or publicity that I (we) may have with regard to the utilizations of the materials, including, without limitation, utilization in any promotional materials of Hamilton Relay.

I (we) do hereby waive any right that I (we) may have to inspect or approve the finished product of advertising or other copy that may be used in connection therewith or the use to which it may be applied.

No utilization of the materials shall be the basis of any future claim, demand or suit against Hamilton Relay, its parent, subsidiary and affiliated companies, the officers, directors, agent or employees of any of these, or its successors or assigns, nor shall this Talent Release be the basis for any such claim, demand or suit.

I (we) do hereby warrant that I am (we are) of full age and have every right to contract in my (our) name in the above regard and that I (we) have read the above authorization release, prior to its execution, that I am (we are) fully familiar with the contents thereof and by these presents, authorize the use of the materials and release and relieve Hamilton Relay and its successors and assigns from any liability by virtue of the use of the materials.

Date:	
Name:	
Address:	
City/State/Zip:	
Phone Numbers: Work:	Home:
iture:	
	must sign for minor children.