



San Antonio College

Department of American Sign Language & Interpreter Training

Rea & Barbara Hinrichs Scholarship

Two \$800 Scholarships Will Be Awarded By The ASL/IT Department

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Student must have an overall 3.0 GPA
2. Student must maintain a 3.0 GPA for each semester of the award
3. Application is to be completed by applicant
4. Please print or type clearly

QUALIFICATIONS

- Must be a declared Interpreting or Deaf Support Specialist Major.
- Must pass all parts of the department Mid-Program Exam on first attempt with a score of 80% or higher.

REQUIREMENTS

- Must provide two letters of recommendation. Note that letters of reference must come from individuals outside of the ASL/IT department. One letter must be from a person who is Deaf and may be submitted in video format.
- Must submit a 1,000 word essay (i.e., a two page, double spaced paper, works cited not required) giving an overview of a specific event in Deaf History such as, but not limited to: Deaf President Now, the Milan Conference, William Stokoe's ASL dictionary, the Americans with Disability Act, or VRS technology. Describe how this event impacted the Deaf community at the time as well as the ramifications on future generations.
- Must submit a signed **5-7 minute** videotape/dvd demonstrating their **American Sign Language** skills addressing:
1) Why they have chosen this field and 2) their professional goals. Recording environment and attire should be non-distracting and professional.

APPLICATION CHECKLIST

- Completed scholarship application
- Signed certification

CERTIFICATION

- I certify that all information provided is complete and accurate.
- I authorize San Antonio College to share or publish my application information and/or picture and give permission to share this information for the purpose of recruitment or public relations.
- I certify that I have read this application and this certification, and I accept all conditions specified.

Signature: _____ Date: _____

APPLICATION DEADLINE: APRIL 23, 2010

Please return completed application to: SAC American Sign Language/Interpreter Training Department, MLC 508 Please call (210) 486-1106 for more information



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Please print and answer all questions.

NAME: _____ DATE: _____

SOCIAL SECURITY#: _____ BIRTHDATE: _____

ADDRESS: _____
(Street) (City) (Zip Code)

TELEPHONE#: _____
(Day) (Cell/Evening)

EMPLOYED: Yes No OCCUPATION: _____

NAME OF CURRENT OR LAST EMPLOYER: _____

SALARY/WAGES: \$ _____

TOTAL FAMILY INCOME: \$ _____ SOURCE: _____

ARE YOU HEAD OF HOUSEHOLD? Yes No

ARE YOU RECEIVING FINANCIAL ASSISTANCE: Yes No

ARE YOU AN INTERPRETING OR DSS MAJOR? Yes No

TEST OF ENGLISH PROFICIENCY SCORE _____

MIDPROGRAM SCORES: _____ CUMULATIVE G.P.A. _____
Eng to ASL ASL to Eng Written

HOURS ENROLLED: SPRING _____ FALL _____ ANTICIPATED DATE OF GRADUATION _____

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FOR MORE INFORMATION CALL 486-1106

