



ABERDEEN ROTARY CLUB No. 56

The Alex and Suzanne Rosenkrantz Scholarship Fund Grant Application

www.aberdeenrotary.com

Please type or print legibly with black ink only

General Information

Full Name _____ Date of Birth _____
Last First Initial

Mailing Address _____

City _____ State _____ ZIP _____

County _____ How long? _____ (years and months)

Day phone (____) _____ Evening phone (____) _____

Email address _____

Name of school _____ Year in school _____

Submitted by:

- Student
- Parent/Guardian of: _____
- Teacher on behalf of: _____
- School _____
- Organization (Must include UBI number) _____
- Service Club _____

Applicant's Parent/Guardian Information

Full Name _____
Last First Middle Initial

Mailing Address _____

City _____ State _____ ZIP _____

County _____

Home phone (____) _____ Work phone (____) _____

Email address _____

How much money are you requesting? \$ _____

Date funds need to be received? _____

Please answer the following. What is the purpose of the grant? How will this grant benefit the applicant? How will the funds be used (be specific)? If more space is needed attach additional pages.

Is this part of an Individualized Education Program (IEP)*

Has funding been requested from

The State of Washington? No_____ Yes_____ If yes, status of request:

Any other organization or agency? No_____ Yes_____ If yes, please list each agency or organization, the dates of your requests, and current status. Attach additional pages if necessary.

Please include any other information you feel is important for the Fund to consider

I certify that all information I have provided on this form is true and complete to the best of my knowledge

Signature _____ Date of Application _____

Mail your request and confirmation to:

**Aberdeen Rotary Club
The Alex and Suzanne Rosenkrantz Fund Committee
P.O. Box 206
Aberdeen, WA 98520**

Or email to: jlsturm@comcast.net

**CONFIRMATION OF LEGAL BLINDNESS,
AND DEAF- BLINDNESS**

For the purpose of this application the definitions in WAC 392-172A-01035 apply.

(1)(a) Child with a disability or a student eligible for special education means a student who has been evaluated and determined to need special education because of having a disability in one of the following eligibility categories: A hearing impairment (including deafness), a visual impairment (including blindness), or deaf-blindness.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness and adversely affect a student's educational performance.

Qualifications to certify include physician, optometrist, ophthalmologist, state or private agency for the blind.

APPLICANT:

Name: _____ Date of Birth: _____

Address: _____

Best corrected vision:

OD (right eye) _____ OS (left eye) _____ OU (both eyes) _____

Width of Visual Field (in degrees): _____

Specific eye condition(s): _____

CERTIFYING AUTHORITY:

I certify that _____ is legally blind in both eyes
as specified in the WAC quoted above.

(Signed) _____ (Date) _____

(Title) _____

Please attach your business card OR print/type your name, profession, and address here:

CONFIRMATION OF LEGAL DEAFNESS

For the purpose of this application the definitions in WAC 392-172A-01035 apply.

(1)(a) Child with a disability or a student eligible for special education means a student who has been evaluated and determined to need special education because of having a disability in one of the following eligibility categories: A hearing impairment (including deafness), a visual impairment (including blindness), or deaf-blindness.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness and adversely affect a student's educational performance.

Qualifications to certify include physician, state or private agency for the deaf or deaf-blind.

CERTIFYING AUTHORITY:

I certify that _____ is legally deaf or deaf-blind as specified in the federal definition quoted above.

(Signed) _____ (Date) _____

(Title) _____

Please attach your business card OR print/type your name, profession, and address here: