

WESTERN OREGON UNIVERSITY
RESEARCH and RESOURCE CENTER with DEAF communities
U.S. DEPARTMENT OF EDUCATION - SCHOLARSHIP PROGRAM

SCHOLAR INFORMATION SHEET

(To be completed by scholarship recipient)

Name _____ V Number _____
Last First MI

Current Address: _____ Permanent Address: *(if different than current address)*

Street _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Telephone Number _____ Telephone Number _____

Personal E-mail _____ Alternate E-mail _____

Date of Birth _____ Driver's License Number _____ State _____

Expected Graduation Date _____

****PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE AN INDEPENDENT STUDENT**

Name _____ Telephone Number _____ E-mail _____

Street _____ City _____ State _____ Zip _____

****TWO PEOPLE WHO WILL ALWAYS KNOW YOUR ADDRESS:**

Name _____ Telephone Number _____ E-mail _____

Street _____ City _____ State _____ Zip _____

Name _____ Telephone Number _____ E-mail _____

Street _____ City _____ State _____ Zip _____

Your Signature

Date

Return to:

RESEARCH and RESOURCE CENTER with DEAF communities
WESTERN OREGON UNIVERSITY
345 N. MONMOUTH AVENUE
MONMOUTH OREGON 97361

*** We will contact them only if we are unable to reach you or need to get information to you. By listing them, you are giving us permission to contact.*