



Telephone: (800) 942-2732
Email: asdc@deafchildren.org
Website: www.deafchildren.org

ASDC ASL Learning Opportunity
Scholarship Application
(Please Print Clearly)

Parents Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ v/tty/vp

Email: _____

Which ASL Learning Opportunity will you attend: _____ Camp Hill, PA _____ Sulphur, OK

Name of your Deaf/Hard of Hearing Child:

Birthday

Amount you are able to pay? \$ _____ Amount of Scholarship Requested: \$ _____

Are you a current member of ASDC? Yes No

Please include a brief description of why you are requesting a Scholarship (please use additional paper if needed):

Please mail or email your request to: Cheri Dowling, American Society for Deaf Children,
#2047, 800 Florida Avenue NE, Washington, DC 20002-3695, ASDC@deafchildren.org.