

# Cochlear™ Graeme Clark Scholarship Application Form

Send this form along with other required documentation to:

**Cochlear Americas**  
The Cochlear Graeme Clark Scholarship  
13059 East Peakview Avenue  
Centennial, CO 80111 U.S.A.

To the Secretary, Committee of Selection, I \_\_\_\_\_, a resident of the U.S. or Canada, wish to submit my application for the Graeme Clark Cochlear Scholarship.

**Current Mailing Address:**

Full Name *(Please Print)* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

I graduated/will graduate from *(High School)* \_\_\_\_\_

in *(State and Year)* \_\_\_\_\_

I will be/am attending *(University/College)* \_\_\_\_\_

I understand that I must be a Cochlear Nucleus® Implant recipient and a resident of the U.S. or Canada in order to be eligible for this scholarship. I understand that should I be awarded a scholarship, and I remain in good academic standing, I will be paid in increments at the end of each year for a period not exceeding four years. I understand that should I fail to successfully complete each year of college, my scholarship will be discontinued.

I have attached all the required documentation, which I understand will not be returned to me.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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Please make sure the following information is included with your application:

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- Application form signed in ink.
- Final school academic transcript.
- Copy of applicant's university admissions notice.
- A succinct list of the principal activities and awards (*including but not limited to prizes, scholarships, offices held, athletic achievements, extracurricular activities and volunteer experiences*) with dates. This list must not exceed one page in length and should be set in a typeface no smaller than 10 points.
- A short personal statement describing the applicant's academic aspiration and other interests. This should describe the area of proposed study, the applicant's aspirations post-graduation, reasons why they wish to be a recipient of the Graeme Clark Scholarship and how their Cochlear technology has impacted their life. This statement must not exceed 1,000 words.
- One photocopy of the applicant's birth certificate, passport or other proof of age and residency.
- Three letters of reference. (*At least two of these letters must be from a teacher or someone who has provided educational instruction to the applicant.*)
- Scholarship Applicant Release Form.