

Scholarship Application

Hadley School for Professional Studies

Questions?

For office use only:

Approved Denied

Please email any inquiries about completing this application to hsp@hadley.edu.

An asterisk (*) indicates a required field.

Title: Mr. Mrs. Ms. Other

*First Name: _____ *Last Name: _____

*Street Address: _____

*City/Town: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

Telephone numbers (include area code):

Primary: _____ Secondary: _____

*Email: _____ *Confirm Email: _____

*Date of Birth (mm/dd/yy): _____

Have you been or are you currently a Hadley student? Yes No

If previously enrolled under a different last name, indicate name used: _____

*Employer Information or University Program

Agency/School Name: _____

Street Address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Your Job Title/Position: _____

Course Selection (Note: a scholarship is not required for free courses.)

Before completing this section, access the Courses Offered link on our Web site to review course titles and descriptions. Indicate below the course for which you would like to receive a scholarship.

COURSE NAME	TUITION	COURSE NUMBER	MEDIA

In the space provided, explain how you would use the knowledge gained through your Hadley course in your current job, volunteer work or university program.

Your letter and this completed form should be mailed or faxed using the contact information below:

The Hadley School for the Blind
700 Elm Street
Winnetka, IL 60093
USA
Attn: Scholarships

FAX: 847-446-9820