

Hamilton Relay Scholarship Application 2025-2026

Deadline is March 31, 2026.

Applicant Information:

- The scholarship will be awarded to a *graduating high school senior* who is deaf, hard of hearing, DeafBlind or has difficulty speaking.
- Applicant must complete this application in its entirety and include:
 - Response to Essay Question
 - Letter of Recommendation
- Applicant and/or a parent or guardian, if under the age of 18, must read and sign the enclosed talent release form and submit with application.

Name (First, Middle, Last): Date of Birth (MM/DD/YY): Gender Identity: Pronouns (ex. she/her, he/him, they/them): Address: City/State/Zip: Student Email: Telephone (Voice/TTY/Internet Relay/Video Relay/Captioned Telephone): Parent/Guardian Name(s): Parent/Guardian Contact Information:

High School Name/Graduation Date:							
High Schoo	ol Counselo	or's Name:					
High Schoo	ol Counselo	r's Email:					
High Schoo	Current GPA:						
High Schoo	ol Address:						
How did yo	u hear abo	ut the Hamilton Re	elay Scholarship?				
The \$1,000	scholarshi			who is deaf, hard of			
I am/have:	□ Deaf	☐ Hard of Hearin	g □ DeafBlind	☐ Speech Difficulty			
•		anizations, commo	_	ctivities that you have			
Work Expe	rience:						
have not ch		ool, please list the	in the Summer or e schools you have	Fall of 2025. If you applied to/been			
Please list	your potent	ial field of study:					

Essay: Please write a short, one page essay in answer to the question below:

Imagine a brand-new invention, service or concept that could transform how students connect, communicate or access resources in school. What would your idea look like, and how might it shape your own experience?

Please read before submitting your scholarship application:

By submitting this application, I certify that the information contained therein is correct to the best of my ability and understand that false information or omission of data may result in denial of my application. I will provide all materials to the Hamilton Relay scholarship committee to be postmarked by January 31, 2025. If chosen for the Hamilton Relay \$1,000 Scholarship award, I agree to complete the Scholarship Recipient's Agreement Form and return it to Hamilton Relay. I understand that if I do not comply with this requirement, my scholarship funds will be awarded to the selected alternate.

Signed:		Date:	
For minors (students ur	nder the age of 18):		
Parent Signature		Date:	
	I have included a Letter of Recommendation from a faculty/ staff member at my High School or from a current or past Employer.		
	I have included the Application	Form with a one page Essay.	
	I have included the signed Tale	ent Release Form.	
Please return the	required materials collectively b	y mail on or before January 31,	

Hamilton Relay Scholarship Committee 1006 12th Street Aurora, NE 68818

2025 (application must be postmarked by this date) to:



Marketing Release and Assignment Form

- 1. I understand that any Content created under this release will be the sole property of Hamilton.
- 2. Hamilton may use my Likeness with or without my name, in whole or in part, that is contained in the Content and to describe, promote, or identify the Content, and I waive the right to inspect Hamilton's use of the Content and my Likeness.
- 3. I understand that this assignment cannot be revoked and that there is no time limit or geographic limitation on the validity of this release.
- 4. I represent and warrant that the use of my Likeness does not infringe upon any third party's rights, including without limitation intellectual property rights, do not libel or slander any third party, and are not the subject of any litigation or any claims or disputes which may give rise to litigation.
- 5. I hereby release and discharge and will not make any claim against Hamilton for compensation or any liability arising out of the use of the Content and my Likeness.
- 6. I have the authority to grant the rights herein granted, and no consent of another party is necessary for Hamilton to exercise the rights granted in this Release.
- 7. I acknowledge that Hamilton is not required or obligated to use my Content and Likeness or to attribute any use to me.

I have read and I fully understand this Release. I hereby affirm that I am at least the age of majority in my state of residence and competent to contract in my own name, or if I am under the age of majority, a parent or guardian has also signed below.

(Signature)	(Date)
(Printed Name)	(Phone)
(Address)	
I hereby certify that I am the parent or guardian of consent to the Release and Assignment Form on behavior	
(Signature)	(Date)
(Printed Name)	(Phone)
(Address)	