

# Cochlear™ Anders Tjellström Scholarship Application Form

Send this form along with other required documentation to:

Cochlear Americas  
The Anders Tjellström 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 Anders Tjellström 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 Baha® 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:

- 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 Anders Tjellström 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.)*