



## GEORGE H. NOFER SCHOLARSHIP FOR LAW 2025

The George H. Nofer Scholarship for Law is for full-time graduate students with bilateral moderate to profound hearing loss who are attending full-time an accredited law school.

The George H. Nofer Scholarship for Law was established to recognize the late George H. Nofer's service and generosity to the Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) and to the fields of law and deafness research and education. Mr. Nofer, a retired partner of the law firm of Schnader Harrison Segal & Lewis LLP in Philadelphia, was a former member of the AG Bell board of directors. He was a former co-trustee of the Oberkotter Foundation and served for over 15 years as its Executive Director.

The 2025 program awards are for the 2025-2026 academic year.

### Eligibility Criteria

- You use listening and spoken language as your primary mode of communication.
- You have a pre-lingual hearing loss (diagnosed prior to your fourth birthday).
- Your hearing loss must be bilateral and in the moderately-severe to profound range. Applicants must have an unaided Pure-Tone Average (PTA) of 60dB or greater in the better hearing ear in the speech frequencies of 500, 1000 and 2000 Hz. *If you have cochlear implants, you meet this eligibility requirement. **Unilateral (one-sided) hearing loss does not qualify.***
  - Formula for calculating the PTA:  
On the unaided audiogram, look at the results for the better hearing ear at 500, 1000 and 2000 Hz and add those three numbers together, then divide that total by three. The result is the Pure Tone Average. To be eligible for this award, the applicant's PTA must be 60 or greater.
- You have been accepted at or are enrolled in an accredited law school as a full-time student for the 2025-2026 academic year.

### Please Note:

- Up to three awards of up to \$5,000 each may be awarded in any given year.
- Previous recipients of the George H. Nofer Scholarship may re-apply for a scholarship in their second and third years of study, provided that a minimum of nine credit hours was completed in the previous year of study.



## Application Submission Instructions

Applications must be submitted online as a single pdf document to [scholarships@agbell.org](mailto:scholarships@agbell.org).

All applications and supporting documents must be in English. The following documents are required:

- Application, with pages in numbered order. *Every page of the application must be completed and the application must be signed.*
- For applicants who use hearing aids, an **unaided** Audiogram performed within the last 24 months; for applicants with cochlear implants, a cochlear implant programming report performed within the last 24 months.
- Verification of the student's application to, acceptance or enrollment in the law school of a mainstream and accredited university or college (a legible copy of a letter, tuition notice, or other correspondence confirming enrollment or acceptance is acceptable).
- Rising graduate students—include official transcripts for all undergraduate college semesters completed.  
First and second year graduate students—include official transcripts of all graduate semesters completed.

If your school will only release a transcript directly to AG Bell, please have them upload it via email to [scholarships@agbell.org](mailto:scholarships@agbell.org). Transcripts not received by the deadline will result in an incomplete and ineligible application.

- Applicant Essay, as indicated in the application (maximum of two single-sided pages)
- Three letters of recommendation from three different individuals. Letters must be no longer than two single-sided pages. **At least one letter must be from one of the applicant's professors in an academic or studio subject.** All three letters may be from teachers/professors or two letters may be from other individuals such as a coach, extracurricular activity sponsor, hearing health professional, employer, etc.

*Letters of recommendation received separately from the application will not be considered. Please do NOT include any additional information, such as extra letters of recommendation, photos, DVDs or tax returns; all such items will not be considered and will be destroyed.*

### Application Deadline

The deadline for applications is March 15, 2025. **All materials must be submitted together in one package before 5:00 p.m. EST on March 15, 2025.** *Only transcripts sent directly from the educational institution will be accepted separately from the application.*

## **Administrative Processes & Notification**

Once an application has been screened for eligibility and completeness, it will be forwarded to the Nofer Scholarship Committee for review. Should the committee select your application for an award, you will be notified by e-mail of your award. The notification email will include information about when you can expect to receive scholarship funds. Notification of award decisions, whether selected or not, will be **by email only**. If your email address or mailing address changes before awards are made, please forward the new information to AG Bell at [scholarships@agbell.org](mailto:scholarships@agbell.org).

Following the selection process, all applications will be destroyed.

## **Questions?**

Please send an email to: [scholarships@agbell.org](mailto:scholarships@agbell.org) Response time may be up to three business days, so please plan accordingly when submitting your questions.



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Please type or print clearly and review for accuracy; illegible or incorrect information will delay review and could disqualify your application.

### IDENTIFYING INFORMATION

Name (First, MI, Last): \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender: Male Female

Complete Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Communication throughout the process will be via email. If you do not provide an email address, if it is written incorrectly, or if we are not able to read it, we will not be able to communicate with you.*

Telephone Number: \_\_\_\_\_ Home \_\_ Mobile \_\_

### HEARING HEALTH HISTORY

Age when hearing loss was diagnosed: \_\_\_\_\_ Pure Tone Average\*: \_\_\_\_\_

*\*If you do not have a cochlear implant and your PTA is below 60dB in your better-hearing ear, you do not qualify.*

If applicable, age at which you were fitted with hearing aid(s): \_\_\_\_\_

If applicable, age at which you received cochlear implant(s): \_\_\_\_\_

What method(s) of communication and educational support service(s) are used in daily communications and educational settings? *Check all that apply.*

Spoken Language

Speech Reading

Sign Language System (ASL, Signed English, Finger Spelling, etc.). If checked, please indicate:

I use sign language with:

Teachers/professors Friends who are deaf Friends with typical hearing

Other (please describe): \_\_\_\_\_

Cued Speech

Use of Note taker

Communication Access Real-time Translation (CART)

Oral Interpreter(s)

Sign Language Interpreter(s)

Other (please describe): \_\_\_\_\_



## DEALING WITH CHALLENGES

In the space below\* please tell us briefly about a situation that was challenging for you because of your hearing loss and how you resolved or dealt with the situation.

\*Do not write on the back side of this sheet and do not include a separate sheet of paper for this question.

## FINANCIAL INFORMATION

Please indicate your anticipated educational expenses for the 2025-2026 academic year, including tuition, books and other required materials, room/board, if applicable: \_\_\_\_\_

How do you plan to pay for your educational expenses? \_\_\_\_\_

Have you applied for other scholarships or grants for the 2025-2026 academic year? \_\_\_\_\_

If yes, please indicate from whom and for what amounts:

Please indicate any grants or scholarships you have been awarded for the 2025-2026 academic year:

\_\_\_\_\_

Please complete all that apply for those individuals *with whom you reside*:

Your occupation \_\_\_\_\_

Spouse's occupation (if applicable) \_\_\_\_\_

Father's occupation (if receiving parental financial assistance) \_\_\_\_\_

Mother's occupation (if receiving parental financial assistance) \_\_\_\_\_

Total number of children/dependents in your household, including the applicant, if applicable: \_\_\_\_\_

Please check your total annual household range of income:

_____ \$17,000 & below	_____ \$45,001 – \$60,000
_____ \$17,001 – \$34,750	_____ \$60,001 – \$80,000
_____ \$34,751 – \$45,000	_____ \$80,001 – \$99,999
	_____ \$100,000 & above

## STUDENT/APPLICANT ESSAY

Tell us about your career goals; please include any comments you may want the scholarship review committee to know, such as your extracurricular activity involvement, financial situation, including any extenuating circumstances, your use of listening and spoken language and the impact, if any, that hearing loss has had on you. Your essay may be written in a clear hand or typed. The essay may be no more than two single-sided pages.

Applicants who have received a George H. Nofer Scholarship award in the past are strongly encouraged to write a new essay (rather than submitting the same essay). The new essay should incorporate adjustments to or clarity of goals due to the experiences of the past year, if or how your hearing loss is impacting you differently than before and how you are managing that, as well as any change in your situation – financial or otherwise.

## AGREEMENT

This certifies that I understand that if I am selected to receive a George H. Nofer Scholarship for Law for the 2025-2026 academic year, I give permission to AG Bell to release information stating this fact to the media and AG Bell constituents. I understand that the receipt of this scholarship is contingent upon my full-time attendance at an accredited mainstream college or university in the forthcoming school year. I further certify that, to the best of my knowledge, all information contained in this application is true and accurate.

Submitted and signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

## Demographic Information

**We would like your help to better support the people that AG Bell serves so that we can improve our services.** This information on demographics is voluntary and confidential and will not be shared with the review committee. Please check all that apply.

Race:                                     American Indian or Alaska Native  
     Asian  
     Black/African-American  
     Native Hawaiian or Other Pacific Islander  
     White

Ethnicity:                                 Hispanic or Latino/a                                 Non-Hispanic

Gender:                                     Female                                     Male                                     Other

Disability:                                 Hearing Loss    Vision Loss    Mobility Impairment  
     Other: \_\_\_\_\_

How do you receive communications from AG Bell?

Email  
 Facebook  
 Instagram  
 Twitter  
 LinkedIn  
 Other: \_\_\_\_\_





## GEORGE H. NOFER SCHOLARSHIP FOR LAW—2025 RECOMMENDATION REQUEST

*To the applicant/student:* please copy this and the following pages and give both to each person from whom you are requesting a letter of recommendation.

*To the Recommender:* You are receiving this recommendation request on the behalf of \_\_\_\_\_ who is applying for a George H. Nofer Scholarship for Law for the 2025-2026 academic year. This is a merit-based scholarship program and award selection is competitive; financial need has little impact on award selection. The information you provide is a critical piece of the student's application.

In a letter, preferably on your business or organization's letterhead and a maximum of two single-sided pages, please address the following characteristics of the applicant:

- What is it about the applicant that makes him or her stand out from his or her peers?
- What are some things at which the applicant excels?
- What are some areas or skills which the applicant is working to improve?
- Describe how the applicant interacts with her or her peers, teachers/professors, etc.
- You may share any other information you feel would be helpful, such as the applicant's motivation, intellect, creativity, discipline and maturity. It would be most helpful if you recall specific instances in which these qualities were revealed to you.

Note: We have the applicant's transcripts; we do not need to know about grades, we are looking for a descriptive narrative about growth, achievements, abilities and potential.

Please Also Note:

- The review committee is comprised of individuals who are familiar with hearing loss, hearing technology, and accommodations, so you do not need to describe these in detail.
- Please do NOT staple or paper clip letters two pages in length.
- Information provided on the back of a page will not be transmitted to the review committee.

***Please return your letter of recommendation and cover sheet to the applicant as quickly as possible so that the applicant is not disqualified due to a late or incomplete application. If you prefer, you may mail the cover sheet and recommendation letter directly to AG Bell at 3417 Volta Place NW, Washington, DC 20007. The cover sheet is a required element for recommendations – letters not accompanied by a cover sheet will not be accepted.***

