



Wisconsin State HLAA Scholarship Application Form

Eligibility: To be considered for a Wisconsin board HLAA scholarship, you must be a Wisconsin resident, a high school senior *with a hearing loss requiring hearing aids or BAHA/cochlear implant/s, who is primarily an oral communicators (not relying on a sign language interpreter)*, and seeking to attend a postsecondary school in the Fall of 2022. Preference will be given to HLAA members. (A student can become a member by using the link provided):

<https://www.hearingloss.org/make-an-impact/become-a-memberrenew/>

Amount: \$1500 will be awarded to the student's school of choice (one time payment awarded after successful completion of 1st quarter). **One HLAA scholarship per student

Deadline: Scholarship application form should be submitted by March 31, 2022. Scan and email application with supporting documents, with "Senior HS Scholarship Application" in the subject line to: HLAAWistate@gmail.com

Recipient will be determined by May 30th.

2022/2023 School Year – Application

Student Information:

Last Name: _____ First Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ Email Address: _____

Parent Information:

Circle: Mother/Legal Guardian:
Last Name: _____ First Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Email Address: _____
Circle: Father/Legal Guardian:
Last Name: _____ First Name: _____ DOB: _____
Address: _____
City: _____ State: ____ Zip: _____
Telephone Number: (____) _____ Email Address: _____

Student's Educational Information:

High School: _____
City: _____ State: ____ Graduation Year: ____ GPA: _____
SAT Score: _____ ACT Score: _____ Class Standing: _____
High School Contact (i.e., Principal, Guidance counselor) _____
List extracurricular activities (including community/volunteer work) student has been involved in, accomplishments, etc. (Attach separate page if needed): _____

1st choice College or Vocational School you have applied to:
_____ City: _____ State: ____
2nd choice College or Vocational School you have applied to:
_____ City: _____ State: ____

Areas of Interest for Study:

Are you a member of HLAA? If so, please provide ID/Membership # (listed on address label of Hearing Loss magazine (if not available, provide name membership is listed under): _____

I hereby affirm that the information provided by me on this application is true and correct to the best of my knowledge. I authorize the scholarship committee to contact my references and high school contacts, if needed, for clarification or verification purposes.

Applicant's Signature

Date

Application should also include:

1. A copy of a recent complete audiogram (with air & bone conduction, speech data) dated within the last year, with provider indicated/signature.
2. Completed consent form to publish winner's name and picture (below) on HLAA website and newsletter. The candidate selected will be asked to submit a photograph to publish with the announcement.
3. Two (2) letters of recommendation, from non-family members (i.e. employer, pastor/church leader, teacher, etc.). Each letter should include, but is not limited to: a) Why is the student being recommended for this scholarship? b) How long have you known student c) A brief description of the student's social involvement in school and/or community d) How have you seen the student overcome adversity/ challenges?
4. Completed written essay. This should help us to learn about you, your strengths and weaknesses, and what you want others to know about you. It SHOULD also include, but is not limited to, responses to the following questions: Describe your hearing loss (use details) and how it has impacted you (positively and negatively)? What challenges do you face as a hearing impaired student? How are you overcoming those challenges? What role does technology play in helping with these challenges? How do you advocate for yourself in general, as well as in challenging listening situations? What are you looking to accomplish with your postsecondary school training/degree? How would involvement in an organization like HLAA help you in the future?

All essays MUST be between 500-1500 words, single-spaced in 12-point Arial font with 1" margins. Student's punctuation, spelling, grammar, and writing skill will be assessed as part of the application.

**students who live in an area with a local HLAA chapter may apply to this scholarship and the chapter scholarship (if applicable), but successful candidates will be awarded only 1 HLAA scholarship in order to allow other applicants to benefit, pending number of qualified applicants.

Social Media Consent/Release Form
For News media, Promotional Materials, Written Articles, and/or Photographs

Should I be selected for this scholarship, I hereby authorize Hearing Loss Association of America (HLAA) -Wisconsin State Association to use my photo and/or information related to my scholarship application. I understand this information may be used for publications including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, and/or other similar ways. HLAA-WI will disclose to me or to my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given. I release HLAA-WI and its board and committee members from any and all liability which may arise from the use of such media stories, promotional materials, written articles, and/or photographs.

I prefer that:

_____ My complete name be used

_____ My first name only be used

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Applicant's Signature

Date