

## **2025 HLAA Fox Valley Chapter Scholarship Application**

Applicants may be high school seniors or current college students who are completing their first or second year of college who live in the greater Fox Valley Region. Applicants must be students with hearing loss who use hearing aids or cochlear implants to participate in the hearing mainstream, who seek to enter college in Fall 2025 or who are already in their first or second year of college.

One \$1,500 scholarship will be awarded and paid directly to the awardee's college at the end of a successful fall 2025 semester. Deadline for submission is March 31. The scholarship winner will be notified on or before April 15th.

The scholarship recipient will agree to contribute back to HLAA Fox Valley Chapter in some way to further the organization's mission which is "To open the world of communication for people with hearing loss through education, outreach, peer support and advocacy". This could be accomplished by writing an article for our newsletter, by sharing personal experiences at one of our chapter meetings, posting on social media, and/or by volunteering to support the chapter's projects. Please specify your preferred option below or in your essay.

Plea	se F	PRII	NT I	legib	ly:
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Last Name		First Name		
DOB:	Home Address:			
City:		Zip Code:	Phone:	
Personal email address:				
High School/College You	Attend Currently	<i>y</i>		-
City:	State	<b>:</b>	_	

Class Rank or GPA:		
SAT or ACT Score:		
College You Plan to Attend:	State	:
Have You Been Accepted at this college? Yes	_ No Waiting	<b>5</b>
Share information about activities you participate volunteer work, extra-curricular activities, etc.		• •
What is your area of interest for college study?	How do you ho	pe to use this in the future?
In what way might you be able to provide volumay include this in your essay):	nteer support to	HLAA, the organization? (You
I consent to allow HLAA to publish my name an <a href="https://www.hlaawi.org">www.hlaawi.org</a> , and in the chapter's newslett provide a photo.	-	
I hereby affirm that the information provided to the best of my knowledge. I authorize my name and I authorize the scholarship committee of H needed for clarification or validation purposes.	e and photo to b LAA Fox Valley t	e used as mentioned above,
Applicant's Signature		Date

## Find information about HLAA at: www.hearingloss.org and www.hlaawi.org

## Your application must also include the following:

- 1. **A copy of a recent audiogram,** with air & bone conduction, speech data, etc. dated within the last calendar year, signed by your provider.
- 2. **Consent to publish your name and photo** on the HLAAWI website and in the state and chapter newsletters.
- 3. **Two (2) letters of recommendation from a non-family member,** (teacher, professor, coach, community leader, audiologist, employer, etc.) Letters should include the following:
  - A. Why this student is recommended for this scholarship award.
  - B. How long they have known the applicant.
  - C. A brief description of the applicant's involvement in school and/or in the community.
  - D. How this student has overcome typical issues created by hearing challenges.
- 4. An essay of between 500 and 1500 words written by the applicant that helps us learn more about you, your hearing loss challenges and how you have overcome them. How does your hearing loss create barriers and/or opportunities? Tell us what technology you use and how it helps you in different situations. Also tell us what you hope to achieve through post-secondary education. THIS ESSAY MUST BE SUBMITTED WITH YOUR APPLICATION FORM.
- 5. Print and scan this completed document in pdf format, and email along with other required materials to us at: <a href="mailto:hlaafoxvalley@gmail.com">hlaafoxvalley@gmail.com</a> or mail to HLAA Fox Valley Chapter, P.O. Box 25, Menasha WI 54952. All required documentation must be received or postmarked by March 31, 2025.