



Eligibility: To be considered for this 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 communicator (not relying on a sign language interpreter), and seeking to attend a postsecondary school in the Fall of 2023. 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: \$1000 will be awarded to the student's school of choice (one-time payment awarded after successful completion of 1st semester). **One HLAA scholarship per student

Deadline: Scan and email scholarship application form with all supporting documents in pdf format by March 31, 2023, with "Senior HS Scholarship Application" in the subject line to: HLAAWIstate@gmail.com . Recipient will be determined by May 30th, and agrees to contribute back to HLAA-WI in some way to further the mission of HLAA, which is to "open the world of communication to people with hearing loss through information, education, support and advocacy." This could be accomplished by writing a short article/post to be published in our HLAAWI newsletter, and/or on social media, by attending one of our meetings to share your experiences on your hearing loss journey, or about how you're achieving communication access in college, etc.

2023/2024 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: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Email Address: _____

Circle: Father/Legal Guardian:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Email Address: _____

Student's Educational Information:

High School: _____

City: _____ State: ____ Graduation Year: _____ GPA: _____

SAT Score: _____ or ACT Score: _____ Class Standing: _____

High School Contact (i.e., Principal, Guidance counselor) _____

List extracurricular activities you been involved in, leadership roles, accomplishments, etc. (Attach separate page if needed): _____

Employment and community/volunteer work? _____

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): _____

You may join using this link: <https://www.hearingloss.org/make-an-impact/become-a-memberrenew/>

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, community organization 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 do you see yourself helping HLAA or others with hearing loss in the future?

Essays should be approximately between 500-1500 words and MUST be submitted with the letters of recommendation and application. Students' punctuation, spelling, grammar, and writing skills 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 one 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