



Wisconsin State HLAA Scholarship Application Form

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 cochlear implant/s or BAHHA device, who is primarily an oral communicator (not relying on a sign language interpreter)*, and seeking to attend a postsecondary school in the Fall of 2025. Preference will be given to HLAA members (or parents/relatives who are members). A student can become a member by using the link provided: <https://www.hearingloss.org/get-involved/donate/>

Award amount: \$1,000 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, 2025, with "Senior HS Scholarship Application" in the subject line to: HLAAWistate@gmail.com. Recipient will be determined and notified by April 30, 2025. Candidate 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 (select your preferred option or add your own idea):

Write an article for our newsletter (about your hearing loss journey or how you're achieving communication access in college, etc.)

Volunteer at a future HLAA meeting/Walk4Hearing/project/conference

Share your personal hearing loss journey at a future meeting or on social media (e.g. FB or IG post)

Other – please elaborate: _____

**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.

School Year – Application

Student Information:

Last Name: _____ First Name: _____ DOB: _____ Pronouns: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ Personal email Address: _____

Parent/Guardian Information:

Circle: Mother/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) _____

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

Employment and/or 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 Life 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. I agree to contribute back to HLAA-WI in some way to further the mission of HLAA as described above.

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 two last years, with provider indicated/signature.
2. Completed consent form (below) to publish winner's name and picture on HLAA website/newsletter/social media. 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 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 student with hearing loss? 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 skill will be assessed as part of the application.

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