



Hearing Loss Association of America Rochester Chapter, Inc.

## **2018 SCHOLARSHIP APPLICATION FORM**

The Hearing Loss Association of America Rochester Chapter, Inc. (HLAA Rochester) thanks to a generous and on-going contribution from J. Stuart and Phyllis MacDonald, established a \$500 scholarship in 1996, to be awarded annually to a Greater Rochester area high school senior with hearing loss pursuing a degree from a college, vocational training or other postsecondary school. In 2006, the scholarship was increased to \$1000, made possible in part by funds raised by the first Walk4Hearing walkathon.

Recipients must have applied to enter their first year of a college or other postsecondary or vocational training school, and be between the ages of 17 and 20. They must have a hearing loss in both ears (or one, in exceptional circumstances). Financial need is not a consideration. The scholarship is a one-time award.

Hearing Loss Association of America is a volunteer international organization of people with hearing loss, their relatives, and friends. It is a non-profit, non-sectarian educational organization devoted to the welfare and interests of those who cannot hear well, but are committed to participating in the hearing world.

To apply for the scholarship, complete all seven sections of this application form and send it and the other required documents listed, to:

Madge Ludwig, HLAA Rochester  
1215 Whitney Road East  
Fairport, NY, 14450-9105

**SECTION I: Applicant Data**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent or guardian's name and address: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent or guardian's daytime telephone number: \_\_\_\_\_

Parent or guardian's e-mail address: \_\_\_\_\_

**SECTION II: High School Data**

Name, dates, and address(es) of high school(s) attended in the past four years:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Name of most recent high school guidance counselor: \_\_\_\_\_

High school guidance counselor daytime telephone number: \_\_\_\_\_

High school guidance counselor e-mail address: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

**SECTION III: College, Vocational Training, or Other Postsecondary School Data:**

Name of college or other postsecondary school for which scholarship is requested:  
\_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Please check one:  
 4-year college       2-year college       Community college  
 Vocational school       Other (Please explain) \_\_\_\_\_

Enrolled:     full time       half time or more     less than half time

Acceptance status:     accepted       wait-listed     don't know

**(Note:** if you receive a letter of acceptance after you submit this application, or if your application status changes, please notify Ms. Ludwig at [mludwig1@rochester.rr.com](mailto:mludwig1@rochester.rr.com) or 585 223 7548 as soon as possible.)

**SECTION IV: Personal Data**

For each activity, please indicate the number of years' participation and approximate number of hours spent on the activity per week, and any leadership roles undertaken.

Extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports, intramurals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community involvement/service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment or internship experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list and give the dates of any awards, honors, and recognitions received in the last four years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V: Audiological Data**

How would you describe your hearing loss?  
 Mild                       Moderate                       Severe                       Profound

At what age was your hearing loss discovered? \_\_\_\_\_

Do you wear a hearing aid(s)                       yes                       no

If yes, do you wear                       one or                       two hearing aids?

Do you have a cochlear implant(s)                       yes                       no

If yes, do you have                       one or                       two cochlear implants?

Do you use or require additional assistance in the classroom, such as note takers, assistive listening devices, or lecture captioning? If so, please identify and explain:

\_\_\_\_\_  
\_\_\_\_\_  
Do you use any special devices outside of school, such as a captioned telephone or a closed-captioning device? If so, please identify and explain: \_\_\_\_\_  
\_\_\_\_\_

**Note:** \*\*Please attach your most recent audiogram and audiologist's report (measured within the last two years) with your completed application.\*\*

## **SECTION VI: Essays**

On a separate sheet of paper, please write a two-part essay (each part 500 words or less) describing:

1. Your plans regarding your education and career objectives as well as future goals.
2. How your hearing loss has affected your achievement/participation at school, work, and in community activities.

Please include this essay with your application.

## **SECTION VII: Checklist for completed application**

**Eligibility:** Applicants must be between the ages of 17 and 20, and entering their first year of college or other postsecondary school; and, must have a hearing loss in both ears (or one, in exceptional circumstances).

HLAA Rochester must **receive** the following information by **April 1, 2018:**

- The completed application form
- Your most recent audiogram (within the last two years) and audiologist's report
- A two-part essay as indicated in SECTION VI
- A copy of your high school transcript
- Three letters of reference (Please make two additional copies of the last page in the application packet, and give the page to each reference.)

**Note:** Two letters of reference must be from a high school teacher or guidance counselor; the third must be from an unrelated adult who knows the applicant well (e.g. teacher, coach, religious leader, Scout leader, etc.)

Consideration will be given to:

- Academic achievement
- Extracurricular activities
- Sports/intramurals
- Community involvement/service
- Employment or internship experience
- Leadership roles
- Awards, honors, and recognitions received in the last 4 years.

Please send the completed application form and the other required documents to:

HLAA, Rochester Chapter  
Madge Ludwig  
1215 Whitney Road East  
Fairport, NY, 14450-9105



**LETTER OF REFERENCE FOR HLAA SCHOLARSHIP**

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of evaluator to applicant (teacher, employer, etc.) \_\_\_\_\_  
\_\_\_\_\_

How long and under what circumstances have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the candidate's academic strengths and weaknesses, social and emotional maturity, and also describe the qualities of the applicant, which you believe will enable him/her to succeed in college or an other postsecondary school. (You may use the back of this form, or attach a separate sheet.)

For the Evaluator: Hearing Loss Association of America (HLAA), is a volunteer international organization of people with hearing loss, their relatives, and friends. It is a non-profit, non-sectarian educational organization devoted to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world.

HLAA, Rochester Chapter, Inc. awards an annual scholarship in the amount of \$1000 to a deserving student with hearing loss from the Greater Rochester area that is entering his or her first year of college or other postsecondary school.

Please return this evaluation letter to the applicant. It will be included with his/her application. If you have any questions, you may contact Ms. Ludwig at [mludwig1@rochester.rr.com](mailto:mludwig1@rochester.rr.com) or **585 223 7548**

Thank you for taking the time to complete this evaluation; your input is appreciated.