



Hearing Loss Association of America, Inc., Rochester Chapter

2019 SCHOLARSHIP APPLICATION FORM

This scholarship is awarded by the Hearing Loss Association of America, Rochester Chapter in the amount of \$1,000 to be awarded to Greater Rochester area high school seniors with hearing loss who are pursuing post-secondary education or vocational training. The scholarship was established in 1996 thanks to a generous and ongoing contribution from J. Stuart and Phyllis MacDonald and continues to be funded by donations from present and past members.

Recipients must have applied to enter their first year of postsecondary education or vocational training, and be between the ages of 17 and 20. They must have a documented hearing loss. Financial need is not a consideration. The scholarship is a one-time award.

Hearing Loss Association of America, Inc. 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, postmarked or timestamped no later than April 5, 2019 to:

By US Mail	by email
Hearing Loss Association of America, Rochester Chapter Douglas & Nancy Meyer 5275 Rosebrugh Road Geneseo, NY 14454-9536	dnmeyer@frontiernet.net

Note: Applications that are postmarked or timestamped after April 5, 2019 will NOT be considered

2) This information is also available on the internet at the HLAA/Rochester website: <https://www.HearingLossRochester.org/forms-and-resources>

SECTION 1: 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 phone: _____

Email address: _____

SECTION 2: 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: _____ graduation date: _____

Note: *Please include a copy of your high school transcript with your application*

How did you become aware of this scholarship? _____

SECTION 3: Post-secondary School or Vocational Training Data

Name of postsecondary or vocational training school for which scholarship is requested: _____

Address: _____

Acceptance status (check one): accepted waiting

Note: If you receive a letter of acceptance after you submit this application, please notify Douglas or Nancy Meyer via email at dnmeyer@frontiernet.net or by phone at (585) 243-2079 as soon as possible.

SECTION 4 : 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:

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

SECTION 5: Audiological Data

How would you describe your hearing loss?

Mild Moderate Severe Profound

At what age was your hearing loss diagnosed? _____

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? 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 6: Essays

On separate sheets of paper, please write two essays (approximately 500 words each) describing:

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

Please include these essays with your application.

SECTION 7: Letters of Reference

Please provide the names of three references. Please make additional copies of the last page in the application packet & give one copy to each of your references who will email or mail via USPS the recommendation to Douglas & Nancy Meyer

1. (name)	(email)
2.	
3.	

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

Checklist for Completed Application

HLAA must **receive** the following information postmarked or timestamped no later than **Friday, April 5, 2019**:

- The completed application form
- A copy of your high school transcript
- Your most recent audiogram (within the last two years) and audiologist's report
- Two essays as indicated in SECTION 6
- The names of your three references

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 four years

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

Hearing Loss Association of America, Rochester Chapter
Douglas & Nancy Meyer
5275 Rosebrugh Road
Geneseo, NY 14454-9536

dnmeyer@frontiernet.net



LETTER OF REFERENCE FOR HLAA SCHOLARSHIP

Hearing Loss Association of America, Inc. 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 scholarships annually in the amount of \$1,000 to deserving students with hearing loss from the Greater Rochester area who are entering his or her first year of post-secondary education or vocational training.

Please comment on the candidate's:

- academic strengths and weaknesses
- social and emotional maturity
- qualities which you believe will enable him/her to succeed in post-secondary education or vocational training.
- management of his/her hearing loss (use of assistive devices and/or special accommodations) in relation to academics, extracurricular activities, peers and teachers.

Applicant's Name: _____

Evaluator's name, address & email: _____

Relationship to applicant (teacher, employer): _____

Circumstances and duration of your knowledge of the applicant: _____

Please return this evaluation letter to:

(by US Mail)

(by email)

Hearing Loss Association of America, Rochester Chapter Douglas & Nancy Meyer 5275 Rosebrugh Road Geneseo, NY 14454-9536	dnmeyer@frontiernet.net
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Your evaluation will be an integral part of his/her application. If you have any questions, you may contact Doug or Nancy Meyer by email or by phone (585) 243-2079. Please be sure that your evaluation gets to us **postmarked or timestamped no later than April 5, 2019**. Applications received after this date will NOT be considered.

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