

HEARING LOSS ASSOCIATION OF SARASOTA

Application for the 2013 HLAS National Convention Scholarship

Name: _____

Address: _____

Telephone #: _____

Email Address: _____

1. Are you currently a member of the Hearing Loss Association of America?

Yes _____ No _____

Note: If you are not currently a member of HLAA you must become a member in order to be considered for the scholarship. The annual membership fee of \$35 will be deducted from the award of \$1000 in order for you to qualify for the "First Timer" reduced registration fee.

2. Are you a current and active member of the Hearing Loss Association of Sarasota chapter? Yes _____ No _____

Note: If not, you must join to be considered for this scholarship

Have you ever attended a Hearing Loss of America national convention before?

(If you can answer YES, you are not eligible for this scholarship)

3. Give a brief history of your hearing loss.

4. Consideration for this scholarship is being given to recipients with financial constraints who would not be able to afford to attend the HLAA convention without the scholarship. Describe in your own words your financial status to establish your need (no documentation is required).

5. Describe your commitment and contributions to HLAA either at the national, state or local chapter level (this may include elected and volunteer positions and activities).

6. As a condition of awarding this scholarship, the Hearing Loss Association of Sarasota would encourage you to participate in a board project either by serving on a committee, taking a leadership role for a project or by applying for membership on the HLAS Board of Trustees. What role would you feel comfortable with and be able to fulfill?

7. The Hearing Loss Association of Sarasota would also require you to make an oral or written report on your convention experience after the convention (within 60 days). Would you be able to fulfill this requirement?

Yes _____ No _____

8. What do you hope you will learn, gain and experience by attending the convention? Besides financial need, what is the greatest challenge that your hearing loss presents to you on a daily basis that you hope the convention will address?

9. Please provide us with the name, phone number and/or email address of a person who knows you related to Hearing Loss Association activities so we may contact him/her for a reference.

The recipient of the scholarship is responsible to pay his or her expenses. Reimbursement will be made to the applicant within 5 business days of receipt of the approved receipts. The maximum amount of the scholarship is \$1,000.00 which includes the cost of an early bird registration package (for the applicant only), the hotel room for three (3) nights and either airfare or automobile gasoline expenses. Food and miscellaneous expenses are not covered by the award.

The Scholarship Committee reserves the right to grant the award to an applicant it deems deserving and if no applicant meets the criteria, the award will roll over into the following year's award consideration. The applicant may be asked to an in-person interview with the committee and a member of the Board of Trustees prior to the final selection.

Applicant's Signature: _____ Date: _____

Please return your completed application postmarked no later than March 14, 2013 to

Joan Haber, Scholarship Committee, 1768 Pine Harrier Circle, Sarasota, FL 34231

You may also scan and email your application to joanhaber2012@gmail.com