



hla-fl.org

JOAN ANDREWS SCHOLARSHIP APPLICATION

SCHOLARSHIP DESCRIPTION

The scholarship will be awarded to an individual who has not previously attended a national convention and who demonstrates in writing (by completion of the application process), a sincere educational interest in and commitment to sharing the mission of the Hearing Loss Association with others affected by hearing loss.

The scholarship will entitle the winner to a \$600.00 contribution toward the 2019 Hearing Loss Association of America National Convention being held June 20-23 in Rochester, NY. All travel, hotel and convention arrangements will be made by the winner.

Eligible applicants must be a Florida resident and member in good standing of the Hearing Loss Association of America.

The Scholarship Committee of the HLAA-FL State Association 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.



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Name: _____

Address: _____

Telephone #: _____ Voice _____ TTY _____

Email Address: _____

Please answer the following questions:

1. Are you currently a member of the Hearing Loss Association of America? Please provide your HLAA membership account number: _____

Your HLAA membership account number can be found on your HLAA magazine address label. If you are not a member or your membership has expired, please complete membership through the National hearingloss.org website and attach a confirmation of your HLAA membership with your scholarship application.

2. Are you a resident of Florida?
(Applicants must be current full-time Florida residents.)

___ Yes

___ No



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3. Provide a brief history of your hearing loss:

4. Describe your commitment and contributions to HLAA either at the national, state or local chapter level, including elected and volunteer positions and activities. Provide examples of your chapter activities.

5. As a condition of awarding this scholarship, the HLAA-FL State Association encourages you to participate on the Florida State Board in one of the following ways: Serve on a committee (you need not be a board member to participate on a committee), take a leadership role for a project, and/or apply for membership on the HLAA-Florida State Board. Which role(s) would you be able to fulfill?

6. Following your trip to the HLAA National Convention, the HLAA-FL State Association will require a written essay describing your convention experience. Would you be able to complete this requirement?

___ Yes

___ No



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7. What do you hope you will learn, gain and experience by attending the HLAA National Convention? What is the greatest challenge your hearing loss presents on a daily basis, and how do you hope the convention will address this?

8. Please include a personal reference (email address or phone number) of someone who is familiar with your hearing loss and related activities.

Applicant's Signature: _____

Date: _____

Please return your completed application by **March 1, 2019.**

Applications can be completed either online or printed and returned by mail to HLAA-FL State Association, P.O. Box 4111, Brandon, FL 33509.

Thank you for your interest in supporting the hearing loss community!