



2025 Scholarship Application Form

These scholarships are awarded by the Hearing Loss Association of America, Rochester Chapter, in the amount of \$1,000 each 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.

Scholarships will be presented at an event on May 28, 2025, held on zoom.

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 interest 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 the application form, and send it either by US Mail **postmarked April 11, 2025** or emailed with a **timestamp** no later than 11:59pm on April 11, 2025.

By US Mail: HLAA Rochester Chapter
 Douglas & Nancy Meyer
 5275 Rosebrugh Road
 Geneseo, NY 14454-9536

By email: dnmeyer@frontiernet.net

Note: Applications postmarked or timestamped after April 11, 2025 will **NOT** be considered.

This information is also available on the HLAA Rochester website at <https://www.hearinglossrochester.org/forms-publications>

Section 1: Applicant Data

Name: _____

Home Address: _____

City/State/ZIP _____

Telephone number (student): _____

Email address (student): _____

Date of birth: ____ / ____ / _____

Parent/Guardian name: _____

Parent/Guardian address: _____

Parent/Guardian preferred phone: _____

Parent/Guardian email: _____

Section 2: High School Data

Names, dates, and address/es of high school(s) attended in the past four years:

Name of School	Dates attended	Address of School

Current school telephone: _____

Graduation date: _____

Most recent high school guidance counselor: _____

Guidance counselor daytime phone: _____

Guidance counselor email: _____

Please include 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 the school or training program for which scholarship is requested:

Name of institution: _____

Address: _____

Anticipated major or focus of study: _____

Acceptance status: accepted waiting

*If you receive a letter of acceptance after you submit your application, please notify committee members Doug and Nancy Meyer via email at dnmeyer@frontiernet.net or by phone at (585) 243-2079.

Section 4: Personal Data

Extracurricular activities:

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

Sports, intramurals, clubs, arts & music, special talent, etc.

Community Involvement/Service

Employment or internship

Awards and Honors

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

Section 5: Audiological Data

How would you describe your hearing loss? (choose all that apply)

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 1 or 2 hearing aids?

Do you wear a cochlear implant? Yes No

(if yes) Do you wear 1 or 2 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 closed- captioned phone or other devices? If so, please identify and explain:

Please include your most recent audiogram and audiologist's report (measured within the last 2 years) with your completed application.

Section 6: Essays

Please write two essays of approximately 500 words (attach separate sheet if applying by US Mail) 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 or participation in school, work, and in community activities. Please be **specific** in reference(s) to your hearing loss.

Please submit these two essays **in PDF format** attached to your email or printed and submitted with this application if applying by US Postal mail.

Section 7: Letters of Recommendation

Please provide the names and emails of three references. Please make and share additional copies of the last page of this application (if sending in by mail) with each of your references.

Name of Reference	email

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 you well. (e.g. former teacher, coach, religious leader, scout leader, current or former employer)

Checklist for Completed Application

HLAA Rochester must receive the following information postmarked or timestamped no later than **Friday April 11, 2025**:

- The completed application form
- A copy of your high school transcript
- Most recent audiogram and audiologist's report
- Two essays as indicated in Section 6
- The names and emails 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

Please send your completed application form and required documents to:

By US Mail: HLAA Rochester Chapter
 Douglas & Nancy Meyer
 5275 Rosebrugh Road
 Geneseo, NY 14454-9536

By email: dnmeyer@frontiernet.net

If selected, I give my permission for HLAA Rochester chapter to publish my name and high school in its chapter newsletter and on its website (hearinglossrochester.org).

Yes No

Signature (type name here) _____



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 interest 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 Greater Rochester area high school seniors with hearing loss who are entering their first year of post-secondary education or vocational training.

Please comment on the candidate's

- Management of their hearing loss – use of assistive devices and/or special accommodations in relation to academics, extracurriculars activities, peers and teachers.
- Academic strengths and weaknesses
- Social and emotional maturity
- Qualities which you believe will enable them to succeed in post-secondary education or vocational training

Applicant's Name: _____

Evaluator's name, address, and email: _____

Relationship to the applicant (teacher, employer, etc): _____

Circumstances and duration of your knowledge of the applicant

Please attach a separate sheet with your letter of reference.

Please return this evaluation letter no later than **Friday April 11, 2025** to:

By US Mail:

HLAA Rochester Chapter
Douglas & Nancy Meyer
5275 Rosebrugh Road
Geneseo, NY 14454-9536

By email:

dnmeyer@frontiernet.net

Thank you for taking the time to complete this evaluation. Your input is an integral part of our selection process. If you have any questions, please contact committee chairs Doug and Nancy Meyer by phone (585) 243-2079 or email listed above.