HLAA
Hearing Loss Association of America
Westchester Chapter

2026 ANITA AND BLAIR MAZIN SCHOLARSHIP AWARDS FOR HIGH SCHOOL SENIORS/ADULTS WITH HEARING LOSS

The Hearing Loss Association of America (HLAA) - Westchester Chapter is pleased to announce we will be awarding three scholarships for high school seniors/adults with hearing loss, to be used toward the pursuit of a college degree or vocational training. Each scholarship will be for $1,000.00.

Applicants must have applied to a college or vocational education program, wear a hearing aid(s) and/or cochlear implants(s), and have a grade point average of 3.0 or better. Financial need is not a consideration. The scholarship is a one-time award.

HLAA-Westchester is presenting these awards for the fourteenth consecutive year. The Anita and Blair Mazin Scholarships are made possible by funds raised from our annual Walk4Hearing event. Walk4Hearing is an annual national project of the Hearing Loss Association of America.

Hearing Loss Association of America is the nation's leading organization to represent people with hearing loss, their families and friends. HLAA helps people with hearing loss to adjust to hearing loss, educate consumers, manufacturers, and policymakers about communications access; works to eradicate the stigma associated with hearing loss; and endeavors to raise public awareness about having regular hearing screenings. HLAA is a nationwide network of state associations and local chapters dedicated to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world.

To apply for a scholarship, complete all parts of the 2026 SCHOLARSHIP APPLICATION FORM and send by email to hlaascholarship@gmail.com. You may also mail the application form to:

HLAA-Westchester Chapter
P.O. Box 294
Valley Cottage, NY 10989

DEADLINE FOR RECEIPT OF APPLICATIONS: **MAY 10, 2026**

Name:_____ **High School:**_____

2026 SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS: Complete all parts from Section I through VI. Have your three references email their letters as directed in Section VII. Review checklist Section VIII.

Be sure to write YOUR NAME and name of your HIGH SCHOOL on each page of this application form, as well as on each page of your essay

SECTION I: APPLICANT DATA

Name:_____
(First) (Middle) (Last)

Home address:_____
(Street) (City) (State) (Zip Code)

Telephone number:_____

Cell phone:----------

Email address:_____

Date of birth:_____

Parent or guardian's name and address:_____

_____
(Street) (City) (State) (Zip Code)

Parent or guardian's telephone and cell number and email:_____
_____

SECTION II: HIGH SCHOOL DATA

Name(s), dates, and address(es) of high school(s) attended:
_____
_____

Name of most recent high school guidance counselor:_____ ----------

Guidance Counselor's telephone, cell number and email:_____

Anticipated graduation date:_____

Name: _____ High School: _____

SECTION III: COLLEGE OR OTHER POSTSECONDARY SCHOOL DATA

Name of college or other postsecondary school for which scholarship is requested (if undecided, or waitlisted, please indicate the name of the schools):

_____

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 ☐ Undecided ☐ Don't know

(**Note**: Please attach a copy of your acceptance letter even if you are undecided or wait-listed. If you receive a letter of acceptance after you submit this application, or if your application status changes, please send it to hlaawestchester@gmail.com a separate page to list more than one college.)

SECTION IV: PERSONAL DATA

For each activity, please indicate the number of years' participation and approximate number of hours you participated in the activity per week.

Extracurricular activities: _____
_____

Sports, intramurals: _____
_____

Community service: _____
_____

Employment or internship experience: _____
_____

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

Name:_____ High School:_____

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 assistance in the classroom, such as note-takers, assistive listening devices, or lecture transcripts? If so, please identify and explain:

_____

_____

Do you use or require assistive listening devices outside of school, such as an FM or captioning for TV or movies? 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: ESSAY

On a separate sheet of paper, please write a short essay (approximately 500 words) on the topic: **HOW HEARING LOSS HAS IMPACTED MY LIFE – AND HOW I HAVE MET THOSE CHALLENGES**

Describe the impact of hearing loss on your life academically, emotionally, and socially. How have you met those challenges? In addition to your own efforts, tell us about other people who may have helped you, as well as any assistive technology you have benefited from. Include details about your anticipated course of study, your career goals, and your plan for achieving those goals.

Please print or type your essay and write **your name** and **name of your high school** on each page of the essay as well as on the application form

Include your essay with your application.

Name:_____ High School:_____

SECTION VII: LETTERS OF REFERENCE

Two (2) letters of reference are required. One (1) letter must be from high school teacher or guidance counselor; the second letter must be from an unrelated adult who knows you well, such as a coach, religious leader, scout leader or employer. Make copies of the last page of this packet and forward them to your references.

Please ask your references to email their letters to hlaascholarship@gmail.com by May 10, 2026. Applicants will be notified via email when each letter of reference is received.

SECTION VIII: CHECKLIST FOR COMPLETED APPLICATIONS

EMAIL YOUR APPLICATION BY OR BEFORE *MAY 10, 2026* TO hlaascholarship@gmail.com.

- The completed three page application form.
- A copy of your high school transcript.
- A copy of your college acceptance letter (even if wait-listed or undecided).
- A copy of your most recent audiogram (within the last two years) and audiologist's report.
- Essay as indicated in SECTION VI, with your name and the name of your high school at the top of each page.
- The signed Publicity Release form (see next page).
- Three letters of reference, mailed separately, as directed in SECTION VII.

All required documents must be submitted by the deadline date. Incomplete or missing information will result in disqualification. **If possible, send all application materials (except letters of reference) in one email. PDF or Word documents are preferred**

Name:_____**HighSchool:**_____-

PUBLICITY RELEASE

In exchange for consideration received, I hereby give permission to the Hearing Loss Association of America-Westchester Chapter to use my photographs and name in all forms and media for advertising, trade, websites, and all other lawful purposes.

NAME:----------

SIGNATURE:----------

ADDRESS:----------

EMAIL:----------

TELEPHONE:----------

DATE:----------

****Student must be present to receive the scholarship award****

IF I AM ACCEPTED, I AGREE THAT I WILL ATTEND THE SCHOLARSHIP AWARD CEREMONY ON A SATURDAY, JUNE 20, 2026 AND WILL PRESENT MY ESSAY.

Signature----------

Presentation date to be determined

HLAA
Hearing Loss Association of America

DEADLINE: MAY 10, 2026

LETTER OF REFERENCE FOR 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?_____

_____

Using a *separate* page, please write a letter of reference regarding this candidate's academic strengths and weaknesses, social and emotional maturity. Describe the qualities which you believe will enable the applicant to succeed in college or vocational training.

Send this cover sheet and your reference letter, in one email to hlaascholarship@gmail.com no later than **MAY 10, 2026**. If you have any questions, do not hesitate to email.

For the Evaluator: Hearing Loss Association of America (HLAA) is a national 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- Westchester Chapter awards scholarships annually to deserving students with hearing loss entering college or vocational training. This scholarship program is in its eighteenth year and is funded by the annual Westchester/Rockland Walk4Hearing. Presentation will be held on a **SATURDAY, JUNE 20, 2026 at Irvington Public Library 125 Astor Street, Irvington, NY 10533.**

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

Melanie Brand-Carmen
Co-Chair, Scholarship Committee
HLAA-Westchester Chapter