

HEARING LOSS ASSOCIATION OF FLORIDA
APPLICATION FOR THE JOAN ANDREWS SCHOLARSHIP
(FOR FIRST-TIME ATTENDEES ONLY)

Name: _____

Address: _____

Telephone #: _____ Voice _____ TTY _____

Email Address: _____

- 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. Your check in the amount of \$35.00 and payable to "Hearing Loss Association of America" must accompany your scholarship application.

- Are you a resident of Florida? Yes _____ No _____

Note: Applicants must be residents of Florida.

- Give a brief history of your hearing loss.

- 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). Include examples of your chapter activities.

- Consideration for this scholarship is being given to recipients with financial constraints and 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).

- As a condition of awarding this scholarship, the Hearing Loss Association of Florida will 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 HLA-FL Board of Trustees. What role would you be able to fulfill?

- The Hearing Loss Association of Florida would also require you to make an oral or written report (e.g. article in the “Hear Ye, Hear Ye” newsletter) on your convention experience. Would you be able to fulfill this requirement?

Yes _____ No _____

- 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?

- 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 to Scholarship Committee Chair by **March 15, 2012**:
Judy G. Martin
8019 Leafcrest Drive
Jacksonville, FL 32244