



## **2025 Scholarship Application for High School Senior with Hearing Loss**

The Hearing Loss Association of America (HLAA) Wake Chapter has established a scholarship for high school seniors with hearing loss who reside in Wake County and are seeking acceptance or have been accepted at an accredited university, college, community college or trade school. The Chapter funds the scholarship through donations made to the annual North Carolina Walk4Hearing. Based on preliminary results from the October 2024 event, we anticipate funding at least two \$750 scholarships in 2025.

Applicants must have a moderate hearing loss or more and wear a hearing aid(s) and/or cochlear implant(s). Financial need is not a consideration. The scholarship is a one-time award and will be sent to a recipient when s/he begins classes.

The mission of HLAA is to build a hearing health movement empowering millions with, and at risk of, hearing loss to thrive through education, advocacy and a nationwide network of support. HLAA's work over the last four decades improves millions of lives every day. Our volunteers at the state and local level are dedicated to the welfare of those who cannot hear well but are committed to participating in the hearing world.

To apply for the scholarship, complete Sections I through VI of the scholarship application form and send it by email to Steve Latus at [slatus@comcast.net](mailto:slatus@comcast.net) or mail to:

Steve Latus  
HLAA Wake Chapter  
1202 Heritage Club Avenue  
Wake Forest, NC 27587

As part of the application, you also will need to have two individuals complete and submit the HLAA Wake Scholarship Reference Letter. Section VI includes further instructions.

The submission deadline for the application form and reference letters is March 31. We will notify the recipients in May and share the news on <https://www.nchearingloss.org/wake>.

Thank you for your interest, and good luck!

This application form incorporates “fillable” fields. It can be completed online or printed and completed using a black or blue pen. **If completing online:** Please note that each blank line is a separate field. Where we provide more than one blank line for a response, click “tab” when you near the end of a line to advance your cursor to the next line. **If completing printed form:** Your finished copy may be submitted by mail or scanned and saved as a PDF and submitted by email.

**SECTION I: THE BASICS**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian Name: _____ Phone number or email address: _____
--

**SECTION II: HIGH SCHOOL INFORMATION**

Current high school: \_\_\_\_\_

List any other high school attended: \_\_\_\_\_

\_\_\_\_\_

Current school counselor Name: _____ Phone number or email address: _____
---

Anticipated graduation date (month/year): \_\_\_\_\_

**SECTION III: MORE ABOUT YOU**

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

Extracurricular activities (clubs, sports, intramurals): \_\_\_\_\_

---

---

---

Community service and/or participation: \_\_\_\_\_

---

---

---

Employment or internships: \_\_\_\_\_

---

---

---

Please list (with year) any awards, honors or recognition received in the last four years:

---

---

---

---

Tell us about a personal achievement that makes you proud:

---

---

---

---

---

---

**SECTION IV: UNIVERSITY, COLLEGE OR COMMUNITY COLLEGE INFORMATION**

Institution for which scholarship is requested. If you are applying to more than one school and/or have not received acceptance letter(s), please list your top two choices.

Name of school/city/state: \_\_\_\_\_

Name of school/city/state: \_\_\_\_\_

What are your academic and/or career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V: AUDIOLOGICAL INFORMATION**

Describe your hearing loss. Is it unilateral or bilateral? Is it moderate, severe or profound?  
\_\_\_\_\_  
\_\_\_\_\_

Do you wear none/one/two hearing aids? \_\_\_\_\_

Do you have none/one/two cochlear implants? \_\_\_\_\_

Inside/outside of school, how do you demonstrate commitment to participating in the hearing world? (How do you advocate for your needs? How do you use assistive devices or technology?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI: LETTERS OF REFERENCE**

List the two individuals you will ask for a letter of reference. One must be a high school teacher; the other may be another teacher or school administrator, an unrelated adult, religious leader, scout leader, employer, family friend or neighbor.

References: \_\_\_\_\_

Email these individuals the HLAA Wake Scholarship Reference Letter, and be sure to inform them that the deadline for receiving their letter is March 31.