



**Hearing Loss Association America - Wisconsin (HLAA-WI)  
Application Form**

NOTE: APPLICANT MUST BE A CURRENT MEMBER OF LOCAL CHAPTER OR NATIONAL TO BE CONSIDERED.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HLAA Member ID \_\_\_\_\_ E-mail \_\_\_\_\_

Best phone# to reach you \_\_\_\_\_

Age \_\_\_\_\_ Level of Hearing Loss \_\_\_\_\_

Do you belong to a local Chapter in Wisconsin? If so, Name of Chapter \_\_\_\_\_

Please answer the following questions in describing the reasons for application

(Use separate paper for answers.)

1. Have you attended a previous national convention? (Preference will be given to first-timers.)  
\_\_\_\_\_
2. Describe your involvement in HLAA, to date either at the national, state or local chapter level (this may include elected and volunteer positions and activities). \_\_\_\_\_  
\_\_\_\_\_
3. What do you hope you will learn, gain and experience by attending the convention? \_\_\_\_\_  
\_\_\_\_\_
4. What is the greatest challenge that your hearing loss presents to you daily that you hope the convention will address? \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Form must be received by **February 28, 2018**. Email or Mail to:

HLAA - WI

Scholarship Committee

C/O Thomas O'Connor

1149 Wedgewood Lane

Fond du Lac, WI 54935

Email: [toconnor@hotmail.com](mailto:toconnor@hotmail.com)