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The Hearing Loss Association of America ([www.hearingloss.org](http://www.hearingloss.org)) is the nation’s largest organization for people with hearing loss. HLAA-Los Angeles is one of approximately 200 chapters nationwide. We work at the local level to open the world of communication to people with hearing loss by providing information, education, support and advocacy.

**The Los Angeles Chapter** is pleased to announce our \$2,500 College Scholarship and Young Adult Ambassador Internship to a hard of hearing HOH graduating high school student who will be attending an institution of higher education (\*) in the fall of 2024 or a freshman/sophomore enrolled in college in the greater Los Angeles area who will be returning to school in the fall of 2024.

**HLAA-Los Angeles Chapter’s Scholarship Application**

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

Legal guardian’s name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

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

School currently attending: \_\_\_\_\_

School district or city: \_\_\_\_\_

College you will be attending \_\_\_\_\_

Type of hearing loss: \_\_\_\_\_

Which do you use? Hearing aid or Cochlear Implant: \_\_\_\_\_

Applications must be submitted in writing and mailed to:

***HLAA-Los Angeles Chapter  
PO Box 56341  
Los Angeles, CA 90056***



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**Applicants for Scholarship must:**

- Serve as the **Young Adult Ambassador (YAA)** for HLAA-LA Chapter (See attached information)
- Read, sign and submit the signed YAA responsibilities commitment sheet
- Submit documentation of hearing loss; such as a copy of an audiogram or letter from a qualified professional (AuD or ENT)
- Submit an official school transcript with preferred GPA of 2.5 or higher.
- Submit a signed HLAA-Los Angeles Publicity and Photo Release Form (see below)
- Submit completed application in writing postmarked by **June 16, 2024**
- Submit an **essay of no more than 500 words** describing:
  - How hearing loss has affected your life
  - Your goals for the future
- Attend a summer HLAA-Los Angeles awards ceremony to receive the scholarship
- Attend college/university in the greater Los Angeles area.

**Pease Note:**

Only one application per student.

Scholarship recipients will be selected by a Scholarship Selection Committee and will be notified in writing.

Funds may be used for tuition, fees and book expenses with scholarship funds paid directly to the institution of higher education (\*).

**Questions?** Please contact **Wendi Washington** Email: [Wendi@hlaa-la.org](mailto:Wendi@hlaa-la.org)

(\*) Higher education is defined as a university, college, community college or technical school.



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## Publicity and Photo Release Form

I hereby grant to the Hearing Loss Association of America – Los Angeles Chapter, the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of HLAA-Los Angeles or its partners. I agree that HLAA-Los Angeles has complete ownership of such material and can use said material for any purpose consistent with the chapter’s mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

I hereby release and discharge HLAA-Los Angeles, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.\* This release shall be binding upon me, my heirs, legal representatives, and assigns.

This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Name (Printed): \_\_\_\_\_

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

\* If the person signing is under the age of 18, consent from a parent or guardian is needed.

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian’s Name (Printed): \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_