



HLAA Los Angeles Chapter 2026 Young Adult Ambassador Scholarship

The [Hearing Loss Association of America](#) (HLAA) is a national organization that has represented people of all ages with hearing loss for 47 years. The [HLAA Los Angeles Chapter](#) is one of more than 100 chapters around the United States providing education, support and advocacy in local communities. We are accepting applications for our biannual Young Adult Ambassador (YAA) College Scholarship from eligible students entering or returning to an institution of higher education* in the greater Los Angeles area in the fall of 2026. Our scholarship program offers more than financial support—this is a two-year leadership opportunity for a student with hearing loss to represent, connect and advocate for the hearing loss community alongside HLAA Los Angeles as our selected Young Adult Ambassador.

SCHOLARSHIP AWARD: Two (2) equal payments of \$1,250 per year for a total of \$2,500.

WHO MAY APPLY: Graduating high school seniors or current college freshmen/sophomores with medically-verified hearing loss.

HOW TO APPLY: Complete application below and submit with requested documents **by June 16, 2026**. Submissions may be sent via email (using attachments) to: scholarship@hlaa-la.org
Or package and mail the application via post to:

HLAA Los Angeles Chapter
ATTN: Scholarship
P.O. Box 56341, Los Angeles, CA 90056

Required Elements:

1. Scholarship application (below)
2. A short essay (see below)
3. A copy of audiogram or letter from an audiologist or ENT to confirm hearing loss
4. Official current-year school transcript (electronic or hard copy) with preferred 2.5 GPA or higher
5. A signed HLAA Los Angeles Publicity and Photo Release Form (see below)

Additional Details:

- Only one application per student.
- All applications will be reviewed by our Selection Committee.
- Scholarship recipient will be notified in writing **by July 31, 2026**.
- Funds may be used for tuition, fees and book expenses with scholarship funds paid directly to the institution of higher education.*

Please direct any questions to: scholarship@hlaa-la.org

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



Scholarship Application

Applicant's full name: _____

Legal guardian's name(s): _____

Address: _____

Phone: _____

Email: _____

School currently attending: _____

School attending in Fall 2026: _____

School district or city: _____

Type of hearing loss: _____

Indicate devices used: hearing aid/cochlear implant/other: _____

Scholarship Applicants Must:

- **Live/attend school locally in the greater Los Angeles area**
- **Submit completed application as directed above by June 16, 2026**
- **Submit documentation of hearing loss; e.g., a copy of an audiogram or letter from a qualified professional (audiologist or otolaryngologist)**
- **Submit an official current-year school transcript with preferred GPA of 2.5 or higher**
- **Submit an essay of approximately 500 words describing:**
 - A meaningful experience with hearing loss that has shaped your life
 - How have you advocated for yourself and others
 - Your goals for the future and the impact you would like to make
 - Specific ways you would engage with the HLAA L.A. community as YAA
- **Submit a signed HLAA Los Angeles Publicity and Photo Release Form (see below)**
- **Attend an HLAA L.A. Scholarship Award ceremony in the summer/fall 2026**
- **Serve as the Young Adult Ambassador (YAA) for the HLAA Los Angeles Chapter for a period of two years (see attached information)**



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: _____