

**2019 ANITA AND BLAIR MAZIN SCHOLARSHIP AWARDS**

**FOR HIGH SCHOOL SENIORS/ADULTS WITH HEARING LOSS**

The Hearing Loss Association of America-Westchester Chapter is pleased to announce scholarships for high school seniors/adults with hearing loss, to be used toward the pursuit of a college degree or vocational training. Each scholarship will be for $1,000.00.

Applicants must have applied to a college or vocational education program, wear a hearing aid(s) and/or cochlear implants(s), and have a grade point average of 3.0 or better. Financial need is not a consideration. The scholarship is a one-time award.

HLAA-Westchester is presenting these awards for the eleventh consecutive year. The Anita and Blair Mazin Scholarships are made possible by funds raised from our annual Walk4Hearing™ event. The Walk4Hearing™ is a national project of the Hearing Loss Association of America to raise awareness about the causes and consequences of hearing loss, and also raises funds to provide information and support for people with hearing loss.

Hearing Loss Association of America is the nation’s leading organization to represent people with hearing loss, their families and friends. HLAA helps people with hearing loss to adjust, educate consumers, manufacturers, and policymakers about communications access; works to eradicate the stigma associated with hearing loss; and endeavors to raise public awareness about having regular hearing screenings. HLAA is a nationwide network of state associations and local chapters dedicated to the welfare and interests of those who cannot hear well, but are committed to participating in the hearing world.

To apply for a scholarship, complete all parts of the 2019 SCHOLARSHIP APPLICATION FORM and send by email to Karen Ratner at [klratner@aol.com](mailto:klratner@aol.com) or mail to:

HLAA-Westchester Chapter

Karen Ratner

264 Suffolk Ave.

Staten Island, NY 10314

DEADLINE FOR RECEIPT OF APPLICATIONS: **MAY 17, 2019**

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2019 SCHOLARSHIP APPLICATION FORM**

INSTRUCTIONS: Complete all parts from Section I through VI. Have your three references email their letters as directed in Section VII. Review checklist Section VIII.

*Be sure to write YOUR NAME and name of your HIGH SCHOOL on each page of this application form,*

*as well as on each page of your essay..*

**SECTION I: APPLICANT DATA**

Name:

(First) (Middle) (Last)

Home address:

(Street) (City) (State) (Zip Code)

Telephone number: Cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of birth:

Parent or guardian’s name and address:

(Street) (City) (State) (Zip Code)

Parent or guardian’s telephone number or email:

Parent or Guardian’s Cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II: HIGH SCHOOL DATA**

Name(s), dates, and address(es) of high school(s) attended:

Name of most recent high school guidance counselor: \_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor’s telephone. Email or cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated graduation date:

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION III: COLLEGE OR OTHER POSTSECONDARY SCHOOL DATA**

Name of college or other postsecondary school for which scholarship is requested (if undecided, or waitlisted, please indicate the name of the schools):

Address:

(Street) (City) (State) (Zip Code)

Please check one:

4-year college  2-year college  Community college

Vocational school  Other (Please explain)

Enrolled:  Full time  Half time or more  Less than half time

Acceptance status:  Accepted  Wait-listed  Undecided Don’t know

(**Note**: Please attach a copy of your acceptance letter even if you are undecided or wait-listed. If you receive a letter of acceptance after you submit this application, or if your application status changes, please send it to Karen Ratner at [klratner@aol.com](mailto:klratner@aol.com). Use a separate page to list more than one college.)

**SECTION IV: PERSONAL DATA**

For each activity, please indicate the number of years’ participation and approximate number of hours you participated in the activity per week.

Extracurricular activities:

Sports, intramurals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Community service:

Employment or internship experience:

Please list and give the dates of any awards, honors, and recognitions received in the last four years:

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**SECTION V: AUDIOLOGICAL DATA**

How would you describe your hearing loss?

Mild  Moderate  Severe  Profound

At what age was your hearing loss discovered?

Do you wear a hearing aid(s)  yes  no

If yes, do you wear  one or  two hearing aids?

Do you have a cochlear implant(s) yes  no

If yes, do you have  one or  two cochlear implants?

Do you use or require assistance in the classroom, such as note-takers, assistive listening devices, or lecture transcripts? If so, please identify and explain:

Do you use or require assistive listening devices outside of school, such as an FM or captioning for TV or movies? If so, please identify and explain:

**Note**: \*\*Please attach your most recent audiogram and audiologist’s report (measured within the last two years) with your completed application.\*\*

**SECTION VI: ESSAY**

On a separate sheet of paper, please write a short essay (approximately 500 words) on the topic:

**HOW HEARING LOSS HAS IMPACTED MY LIFE—AND HOW I HAVE MET THOSE CHALLENGES**

Describe the impact of hearing loss on your life academically, emotionally, and socially. How have you met those challenges? In addition to your own efforts, tell us about other people who may have helped you, as well as any assistive technology you have benefited from. Include details about your anticipated course of study, your career goals, and your plan for achieving those goals.

Please print or type your essay and write **your name** and **name of your high school** on each page of the essay as well as on the application form

Include your essay with your application.

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**SECTION VII: LETTERS OF REFERENCE**

Three (3) letters of reference are required. Two (2) letters must be from high school teachers or guidance counselors; the third must be from an unrelated adult who knows you well, such as a coach, religious leader, scout leader or employer or family friend or neighbor. Make copies of the last page of this packet and forward them to your references.

**Please ask your references to email their letters to Karen Ratner, at** [**klratner@aol.com**](mailto:klratner@aol.com) **or snail mail Karen Ratner, 264 Suffolk Ave., Staten Island, NY 10314 by May 17, 2019. Applicants will be notified via email when each letter of reference is received.**

**SECTION VIII: CHECKLIST FOR COMPLETED APPLICATIONS**

**EMAIL YOUR APPLICATION BY OR BEFORE *MAY 17, 2019,* TO KAREN RATNER AT** [**klratner@aol.com**](mailto:klratner@aol.com)**.**

**Include with your application:**

* The completed three page application form.
* A copy of your high school transcript.
* A copy of your college acceptance letter (even if wait-listed or undecided).
* A copy of your most recent audiogram (within the last two years) and audiologist’s report.
* Essay as indicated in SECTION VI, with your name and the name of your high school at the top of each page.
* The signed Publicity Release form (see next page).
* Three letters of reference, mailed separately, as directed in SECTION VII.

All required documents must be submitted by the deadline date. Incomplete or missing information will result in disqualification.  **If possible, send all application materials**

**(except letters of reference) in one email. PDF or Word documents are preferred**

Page 5 of 7 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HighSchool:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**PUBLICITY RELEASE**

In exchange for consideration received, I hereby give permission to the Hearing Loss Association of America-Westchester Chapter to use my photographs and name in all forms and media for advertising, trade, websites, and all other lawful purposes.

**NAME:---------------------------------------------------------------------------------------------------**

**SIGNATURE:-------------------------------------------------------------------------------------------**

**ADDRESS:-----------------------------------------------------------------------------------------------**

**EMAIL:----------------------------------------------------------------------------------------------------**

**TELEPHONE:--------------------------------------------------------------------------------------------**

**DATE:------------------------------------------------------------------------------------------------------**

***IF I AM ACCEPTED, I AGREE THAT I WILL ATTEND THE SCHOLARSHIP AWARD CEREMONY ON SUNDAY, JUNE 9, 2019, AND WILL PRESENT MY ESSAY.***

Signature-------------------------------------------------------------------------------

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***DEADLINE: MAY 17, 2019***

**LETTER OF REFERENCE FOR SCHOLARSHIP**

Applicant’s name and address:

Evaluator’s name and address:

Email and/or cell phone number if additional information is nedded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of evaluator to applicant: (teacher, employer, etc.)

How long and under what circumstances have you known the applicant?

Using a *separate* page, please write a letter of reference regarding this candidate’s academic strengths and weaknesses, social and emotional maturity. Describe the qualities which you believe will enable the applicant to succeed in college or vocational training.

Send this cover sheet and your reference letter, in one email to Karen Ratner at [klratner@aol.com](mailto:klratner@aol.com), no later than **MAY 17, 2019**. If you have any questions, do not hesitate to email.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Evaluator: Hearing Loss Association of America (HLAA) is a national organization of people with hearing loss, their relatives, and friends. It is a non-profit, non-sectarian educational organization devoted to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world.

HLAA- Westchester Chapter awards scholarships annually to deserving students with hearing loss entering college or vocational training. This scholarship program is in its eleventh year and is funded by the annual Westchester/Rockland Walk4Hearing. Presentation will be held on **SUNDAY**, **JUNE 9, 2019**. You are invited to attend.

Thank you for taking the time to complete this evaluation; your input is very much appreciated.

Karen Ratner, Chair, Scholarship Committee

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