



**The Rocky and Ahme Stone Endowment Scholarship  
Hearing Loss Association of America (HLAA) Convention  
Application/Nomination Form**

Name of Applicant/Nominee \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Please answer the following questions in describing the reasons for application/nomination:

(Use separate paper for answers.)

1. Consideration for this scholarship is being given to recipients with financial constraints who would not be able to afford to attend the HLAA convention without the scholarship. Describe in your own words your financial status to establish your need (no documentation is required).
2. Describe your commitment and contributions to HLAA 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. Besides financial need, what is the greatest challenge that your hearing loss presents to you on a daily basis that you hope the convention will address?

Nominated by: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Affiliation to the HLAA: \_\_\_\_\_ Date: \_\_\_\_\_

Form must be received by **February 21, 2020**. Mail to:  
Hearing Loss Association of America  
Rocky and Ahme Stone Scholarship Committee  
7910 Woodmont Avenue, Suite 1200  
Bethesda, MD 20814