

**DIANA BENDER HLAA NATIONAL CONVENTION SCHOLARSHIP**

The Hearing Loss Association of America Pennsylvania State Office (HLAA-PA) will offer a scholarship to assist a Pennsylvania resident who is a member of the Hearing Loss Association of America to attend the 2024 HLAA convention. The scholarship will be available for a deserving person who is currently involved with hearing loss issues. The HLAA-PA Advisory Council’s Scholarship Committee will select the qualifying applicant.

**When and where is the 2024 HLAA convention?** The convention will be held June 26–29, 2024 at the Sheraton Grand Resort at Wild Horse Pass, Phoenix, AZ.

**Who is eligible as a scholarship candidate?** Any Pennsylvania resident with hearing loss, regardless of age, is eligible as long as he or she meets the following qualifications: The applicant must be a current HLAA member, must have demonstrated an interest in being actively involved with hearing loss issues, and must indicate that a scholarship would enable attending the convention. Preference will be given to those who have never attended an HLAA convention.

**Scholarship amount:** The recipient will be awarded $500 (to be applied to transportation, lodging, and meals), plus the cost of registration for the full-activity convention package (includes banquet). Any cost exceeding $500 will be the recipient’s responsibility. The recipient must attend the convention or return the award.

**Submission date:** Email information to Mitchell Bilker, HLAA-PA Scholarship Committee Chair, at scholarship@hlaa-pa.org or mail this form to HLAA-PA National Scholarship, 821 Rosehill Drive, King of Prussia, PA 19406 (email preferred).

Deadline for receipt is May 1, 2024.

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Diana Bender HLAA National Convention Scholarship Application Form for 2024 Convention

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: PA

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

What is the expiration date of your HLAA membership? (See your *Hearing Life* label.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever attended an HLAA convention? yes \_\_\_\_ no\_\_\_\_\_

Why should you be selected? Use a second page if necessary.