



HEARING MILESTONES SCHOLARSHIP PROGRAM

Academic Year 2020-2021

Deadline: May 1, 2020

From the beginning, Hearing Milestones has seen the need to contribute to the community of children with hearing loss. First and foremost, we are here to empower this generation of children. Hearing loss is a part of who the child is, but it does not define who they are or who they will become.

- "We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up...discovering we have the strength to stare it down." - Eleanor Roosevelt

As Educational Audiologists and Deaf/Hard of Hearing Teachers (D/HH) we know first hand of students who are in need of support at different times in their lives. Times where you've purchase supplies on your own to help a student so they had what they needed to succeed in school. Or perhaps you have a student who has been accepted into college or entering the workforce and is in need of some resources to assist them in their next milestone. Maybe you have a student who needs to be seen medically for audiological care, but for financial reasons is not able too.

SCHOLARSHIP

This is a yearly, \$500.00 scholarship for 3 individuals working with students with hearing loss. Each recipient will receive \$500.00. Recipient may use the funds for students with hearing loss (assisting high school students on their next milestones, providing a student in need with tools and resources to gain access to auditory information in the classroom, etc). Hearing Milestones provides the funding for the scholarships. At this time, once you are notified as one of the three scholar recipients, you are no longer eligible for any future scholarships.

QUALIFICATIONS

Must have a minimum of a 30dBHL hearing loss at 3 or more frequencies, as evidenced on a hearing test by a trained health professional. Individuals that have contributed to Hearing Milestones by purchasing products can apply. Every child is important. The student who will benefit from this scholarship may or may not be a citizen of the United States of America. The student(s) in which this scholarship is intended must be enrolled in school and work with an educational audiologist and/or a deaf/hard of hearing teacher. The student must be in a 3 year old preschool program up to 12th grade in high school.

DEADLINES

All scholarship applications and requested materials must emailed and received by Hearing Milestones by 4:00 pm Central Standard Time on May 1st each year. If the deadline falls on a weekend, the following Monday will be used as the deadline date.

REQUIRED MATERIALS

The following items are required to complete the application process.

Application - The application must be completed in full and on the original form, typed or hand written, and signed. If handwriting is not legible; application will discarded upon receipt. The hearing results submitted on the application must be no older than 2 years as well as ongoing hearing screenings must not be older than two years and from a hearing health professional (an audiologist or school nurse). If requested, hearing loss on the application must be verifiable from an audiogram and/or ongoing hearing screenings and signed by a hearing professional who we may contact. Applicant must agree to allow Hearing Milestones to use his/her name, first name of the child, and a photo and/or story in future scholarship materials. Submit all materials via email. Any application that is missing the required materials or is not fully filled out is discarded upon receipt. When emailing the application, the subject line must read: "Scholarship Application". If this is missing in the email application, the submission will be discarded upon receipt.

NOTIFICATION TO RECIPIENTS

Scholarship recipients will be notified by July 30th of each year. We only notify recipients, no notification means the student did not receive the scholarship. We cannot send out lists of recipients to those who do not receive a scholarship.

SUBMITTING YOUR APPLICATION

Please attach your application, supporting materials, etc; to jen@hearingmilestones.com. Type "Scholarship Application" in subject line. (Please use MS Word or PDF for your personal statement and PDF for all other documents that are emailed as attachments). Hearing Milestones does not acknowledge receipt of applications.



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STUDENT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Parent Name _____ Parent Phone _____

Hearing Thresholds

Enter the dB of hearing loss for each frequency listed below. If the applicant has a cochlear implant, please indicate hearing loss with the cochlear implant on.

Right Ear:

____ dBHL @ 250 Hz, ____ dBHL @500Hz, ____ dBHL @1000Hz, ____ dBHL @2000Hz, ____ dBHL @ 4000Hz, ____ dBHL@ 8000Hz

Left Ear:

____ dBHL @ 250 Hz, ____ dBHL @500Hz, ____ dBHL @1000Hz, ____ dBHL @2000Hz, ____ dBHL @ 4000Hz, ____ dBHL@ 8000Hz

COLLEGE OR UNIVERSITY INFORMATION

School the student will be attending or is currently attending on a full-time basis. If you have not determined a school or your application is pending, list your preferred school.

School Attending _____

Disregard this section if the application is for students kindergarten through 10th grade.

Degree Ambition _____

Date entered (entering) college or university ____/____

Anticipated date of HS graduation ____/____ Total credits required for degree _____

Cumulative GPA (on an unweighted, 4.0 scale, as of completion of the previous fall semester)

High School ____/4.0

Undergraduate ____/4.0 Student's

School Based Staff Member Information

First Name _____ Last Name _____

Address _____ City _____

State _____ ZIP _____ School Name _____

Phone _____ Email _____



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Please answer the following questions in the space provided - attachments will be discarded and the application not considered for the scholarship.

Educational Audiologist and/or Deaf/Hard of Hearing Teacher's Personal statement

This letter is to be a minimum of 1 page (12 font size), stating why you are applying for this scholarship on behalf of the student in need and a brief history on the student in need. If the scholarship will assist more than one of your students; write about that as well. Indicate how the scholarship will assist you and your student/s. Services the student receives throughout the school year as it relates to their hearing loss and how their hearing loss impacts the child. In addition, indicate what services the student receives.

Signature _____ **Date** _____



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Please answer the following questions in the space provided - attachments will be discarded and the application not considered for the scholarship.

STUDENT PERSONAL STATEMENT – Explain how this scholarship will help to achieve your goals.

Student is to write in his/her own words how the scholarship will help him/her at school and as they grow (the staff member applying for the scholarship can physically write for the child, using the child's own words to write the letter if the child is younger than 10 years of age). What are the student/s ambitions? How do they feel about their hearing loss? If the scholarship will impact multiple students, then provide at least 2 student letters. If the application is for a high school senior going onto college or the workforce, the student is largely responsible for filling out the application along with ed aud or d/hh teacher and their guardian.

By submitting this application, I have given permission to Hearing Milestones to use my name and relevant information in all forms of publications, including, but not limited to print and web based.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____