

**ALDAcon 2019 October 23-27, 2019**

**SCHOLARSHIP APPLICATION**

**Before filling out this form, please be sure to read very carefully and in full the information flyer about the scholarship program.**

**Date** \_\_\_\_\_

▶ Name: \_\_\_\_\_

▶ Address: \_\_\_\_\_

▶ E-Mail Address: \_\_\_\_\_

▶ Are you an ALDA Inc, Member? Y/N \_\_\_\_\_

▶ Are you a member of an ALDA Chapter or Group? Y/N \_\_\_\_ If so, which one?

\_\_\_\_\_

▶ Please briefly describe your involvement in ALDA, Inc. and/or in an ALDA Chapter/Group (e.g. are you a board member? ) Do you attend meetings? )

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

▶ Please tell us your hearing status:

Deaf \_\_\_\_ deafened \_\_\_\_ hard-of-hearing \_\_\_\_ hearing \_\_\_\_ other: \_\_\_\_\_

▶ Have you ever attended an ALDAcon? \_\_\_\_ If yes, which year(s)/locations(s):

\_\_\_\_\_ (Preference is always given to first time attendees)

▶ Have you ever previously received a scholarship award to attend an ALDAcon? Y/N \_\_\_\_\_

▶ If yes which year? \_\_\_\_ If yes, what did your award cover? \_\_\_\_\_ If you have previously applied and been accepted but did not attend please briefly explain

\_\_\_\_\_

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▶ Please tell us briefly why you want to attend ALDAcon, (additional information may be added at the end of this application):

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▶ Please describe the kind(s) of financial assistance you feel you need to attend ALDAcon, as well as the amount of help in each area you would need. (eg Full? Half?): Registration \_\_\_\_\_ Hotel (number of nights out of 4 nights total) \_\_\_\_\_ (Note: Scholarship funds cover a shared room only; help will be provided for roommate matching.) Transportation costs are not included in scholarship awards.

▶ To help us in our decision making please briefly describe the financial reasons you are applying for help.

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**Deadline for application submission is June 30, 2019**

*Acknowledgment of your application will be sent to you immediately upon its receipt. If you do not hear from us within 3 days of your submission of this application please contact Eleanor directly.*

You will get a response from ALDA's Scholarship Committee regarding your application no later than the second week of July.

Questions or concerns regarding scholarship and applications may be sent to:

Eleanor Shafer  
PO Box 132  
Lyme, NH 03786  
[ALDAEleanor1@gmail.com](mailto:ALDAEleanor1@gmail.com)  
Ph. 727-365-3786 Voice/text

Please include below any additional information that you feel will be helpful to us in making a decision regarding your application.