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

____________________________________________________________________________________

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

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

► 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.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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
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.