2016/2017 School Year - National Help America Hear Scholarship

The scholarship is open nationally to high school seniors who have a hearing loss, which requires the use of hearing aid(s) in their daily life.

The purpose of this scholarship is to help students with hearing challenges reach their full potential by giving them the gift of sound. This will further allow the students to build confidence and self-esteem as they prepare to begin their college or vocational school education.

The recipient of this scholarship will be selected by an independent group of judges to be determined by the Foundation For Sight & Sound, a 501c3 Not for Profit Corporation. The scholarship will award one student per school year, currently wearing hearing aid(s).

The scholarship recipient will receive **two** state-of-the-art *ReSound Hearing Aids* which best fit his/her hearing loss, along with a $1000 Scholarship to the student's college or vocational school of choice.

The essay should highlight the student's creativity, research and life experiences. It MUST also include, but is not limited to, responses to the following questions that pertain to student's situation:

- What is hearing loss?
- How have your peers and teachers supported your academic achievements?
- Explain how your hearing loss has influenced your productivity in school?
- What challenges do you face as a hearing impaired student? How are you overcoming those challenges?
- Do you perceive hearing aids have or will increase your ability to learn?
- List the ways hearing aids will improve your education, work and social goals. Explain what new activities you will engage in or pursue with new hearing aids.
- Upon receiving new hearing aids, how do you expect your life to change? What changes will you hope to achieve? Do you think your interpersonal relationships will be different?
- What are you looking to accomplish with your college degree in your life and how this award will help you achieve your goals for the future?
- How will you advocate change for self-determination for students and individuals who are hearing impaired?

All essays **MUST** be between 500-1500 words, single-spaced in 12-point Arial font with 1" margins.

Additional documents required with the essay:

1. A completed scholarship application
2. Photo of applicant
3. A copy of student's Hearing Instruments Evaluation, no more than 3 months old
4. Medical clearance signed by an ENT
5. Copy of college or vocational school acceptance letter (if received)
6. A signed photo release (if student is a minor, then form must be signed by a parent or legal guardian). It is requested parents sign one as well.
7. Two (2) letters of reference. One from a teacher, a guidance counselor, coach etc., and one individual outside of school and family (i.e. employer, community leader, college professor, etc.) Depending on the type of reference, each letter should include, but is not limited to:
    a. Why they recommend student for this scholarship
    b. A brief description of the student's social involvement in school and in the community
    c. Details of the student's academic performance
    d. Extracurricular activities

Judges will base their decisions on 4 overall criteria:

1. The writing quality of the essay, which includes grammar and punctuation.
2. The content – (i.e.) essay discusses ALL questions, as stated above, that pertain to students situation
3. The student will benefit from the use of hearing aids
4. Student's activities and involvement in school, community and home

Please email your essay, application and all other required documents, in Word and/or PDF format, to: info@fssny.org

Important Information Regarding This Scholarship:

- **DEADLINE to submit essay/scholarship packet: SUNDAY, MARCH 26, 2017**
- **Applications received after the deadline will not be considered**
- Winners will be selected and notified approximately by **FRIDAY, May 12, 2017**
- No employees or family members of Foundation For Sight & Sound, Resound or any other hearing healthcare industry entity may apply to this scholarship
- All essays and supporting materials submitted become the property of Foundation For Sight & Sound and are considered permissible to use for marketing and fundraising purposes.

For questions or additional information about the Help America Hear Scholarship, please call (631) 366-3461.

The Foundation For Sight & Sound does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process.

For more information about the **Foundation For Sight & Sound** or **Help America Hear**, please visit our website: www.fssny.org

2016/2017 School Year – National
Help America Hear Scholarship Application

Student Information:

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Email Address: _____

Parent Information:

Mother/Legal Guardian:

Last Name: _____ First Name: _____ DOB: _____

Address: _____

City: _____State: ____ Zip: _____ Ethnicity: _____

Telephone Number: (___) _____ Email Address: _____

Father/Legal Guardian:

Last Name: _____ First Name: _____ DOB: _____

Address: _____

City: _____State: ____ Zip: _____ Ethnicity: _____

Telephone Number: (___) _____ Email Address: _____

Student's Educational Information:

High School: _____

City: _____ State: ____ Graduation Year: _____ GPA: _____

SAT Score: _____ ACT Score: _____ Other: _____

College or Vocational School you will be attending:

_____

City: _____ State: ____ Hours Completed: ____ GPA: _____

Intended Major: _____ Intended Minor: _____

Parent's Educational Background: (Optional Section)

(This information is for statistical purposes only and will NOT be used in selecting recipients)

Mother/Legal Guardian:

Highest Level Of Education Completed: _____

Employed: yes/no Income: under $25,000 __; $25,000-$50,000 __; Above $50,000 __

Father/Legal Guardian:

Highest Level Of Education Completed: _____

Employed: yes/no Income: under $25,000 __; $25,000-$50,000 __; Above $50,000 __

Current Hearing Aid: (If Applicable)

Type: _____ Model: _____ Year: _____

How did you get last pair of hearing aids? Insurance__ Out of Pocket __ Other_____

List And Describe Your Involvement In All Activities And Organizations:

_____
_____
_____

CHECKLIST For The Help America Hear Scholarship:

____ 1) This Completed Application Form
____ 2) Written Essay
____ 3) Copy Of Hearing Instruments Evaluation (no more than 3 months old)
____ 4) Medical Clearance Signed By An ENT Or Licensed Physician
____ 5) Copy Of College Acceptance Letter (if received)
____ 6) Photo Of Applicant
____ 7) Signed Photo Release (Signed by parent if applicant is under 18)
____ 8) Letters Of Reference (2)

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The applicant information collected is used exclusively to select a scholarship recipient. Applicants will be contacted only if there are clarifying questions regarding application information and to inform applicants of their status.

For Questions About **The Help America Hear Scholarship,** Please Call
(631)366-3461 Or Visit Our Website At www.fssny.org

Foundation For Sight & Sound – Help America Hear Program
Applicant Medical Clearance

Must be signed by an Ear, Nose and Throat and/or Otolaryngologist Specialist *AFTER* they have reviewed the hearing evaluation.

******PLEASE NOTE******

The HELP AMERICA HEAR committee requires that ALL medical clearance is signed by an Ear, Nose and Throat and/or Otolaryngologist Specialist.

The purpose of this medical clearance is to determine that all medical issues pertaining to the use of hearing aid(s) are cleared.

Date: _____

Patient Name (please print):_____

PLEASE CHECK ONE:

☐ LEFT EAR ☐ RIGHT EAR ☐ BOTH EARS

Physician Name (please print):_____

Physician Signature:_____

By signing this form, I have medically cleared patient for hearing aids

Physician NPI Number: _____

The Foundation for Sight & Sound reserves the discretionary right to modify its policies and procedures without notice.

The Foundation For Sight & Sound does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process.

Foundation For Sight & Sound – Help America Hear Program
Photo-Video Release

I, (print name) _____, hereby grant permission to The *Foundation for Sight & Sound* (FSS) and the Hearing Healthcare Provider, (in addition to any production company hired by the FSS) to create copy, reproduce, exhibit, publish and distribute any photos or videos/DVDs.

I understand that the above uses may include, but are not limited to videotapes, films, sound recordings, photographs, displays, brochures, websites, multi-media programs, or any other type of promotional medium existing currently or in the future. I, hereby waive, any present or future right to inspect or approve the finished photographs, printed electronic, or electronic matter.

Furthermore, I understand that by granting this permission I am irrevocably surrendering all rights and/or claims to monetary compensation for any future use of this material by the above persons and organizations. I herein give permission to the FSS and their Hearing Healthcare Provider(s) to contact me in the future.

I am 18 years old and I am competent to contract in my own name. I have read this release in its entirety before signing below and I fully understand the contents, meaning, and potential impact of this release. I am fully aware that I have the right to submit questions, in writing, prior to signing the release and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of these terms.

_____	_____
Signature	Parent/Guardian (if under 18)

_____	_____	_____
Address	City	State/Zip

_____	_____
Phone	Date

The Foundation for Sight & Sound reserves the discretionary right to modify any of its policies and procedures without notice.

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