



Hearing Loss Association of America
Rochester, New York Chapter

**STIPEND REQUEST FORM
TO
ATTEND HLAA NATIONAL CONVENTION**

The Hearing Loss Association of America, Rochester Chapter (HLAA-R) each year awards stipends to “active” HLAA-R members who attend the HLAA National Convention. The intent is to help cover the cost of registration/travel and to enable more HLAA-R members to attend the convention. In return, members receiving the stipend agree to share experiences and information they have learned with chapter members at a chapter program meeting.

Definition of “Active member”:

- HLAA-R member in good standing,
- Serves on a committee and/or
- Serves on Board of Directors and/or
- Attends chapter meetings on a regular basis and/or
- Serves on W4H committee and/or
- Contributes a major effort on behalf of the HLAA-R goals and objectives and
- Should be a national member of HLAA and
- Agrees to share what they have learned at a chapter program meeting.

Applicants are required complete the Stipend Request Form and state why they feel they meet requirements for being an active member

There will be a fixed, budgeted amount set aside for this purpose with a ceiling for each stipend to the extent of not to exceed 300.00 dollars, determined by the Finance Committee.

Hearing Loss Association of America is a volunteer, international organization of people with hearing loss, their relatives, and friends. It is a non-profit, non-sectarian educational organization devoted to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world.



HLAA National Convention Stipend Request Form

Convention Location: _____ **Month/Year** _____
(Location)

Name: _____
(Middle) (Last)

Home address: _____
(Street) (City) (State) (Zip Code)

Telephone number: _____

Email address: _____

Are you a HLAA-R member? _____ For how long? _____

Are you a National HLAA member? _____ For how long? _____

SECTION II: Contributions to HLAA

Please list the HLAA Boards/Committees on which you serve:

Please identify your role and activities on those committees:

Please indicate which HLAA programs you have attended during the last year:

Please check box if you agree with the statement below:

Yes, if I am awarded a convention stipend, I agree to attend the HLAA National Convention and share information and experiences with other HLAA-R members at a Chapter Program Meeting. _____

(Signature)

Please return completed stipend application form to current Board President.