



## 2021/22 School Year - Help America Hear Scholarship



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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 Help America Hear Inc., a 501c3 Not for Profit Corporation. The scholarship will award one student per school year, currently wearing hearing aid(s). Cochlear users may enter this and will only receive the financial award.

Five scholarship winners will receive two state-of-the-art hearing aids which best fit his/her hearing loss, along with a \$2000 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 6 months old
4. Copy of college or vocational school acceptance letter (if received)
5. 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.
6. A signed HIPAA form (if student is a minor, then must be signed by a parent/legal guardian)
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 student's 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@helpamericahear.org](mailto:info@helpamericahear.org)**

Important Information Regarding This Scholarship:

- **DEADLINE to submit essay/scholarship packet: SUNDAY, May 1, 2022**
- **Applications received after the deadline will not be considered**
- Winners will be selected and notified before or approximately by **FRIDAY, July 29, 2022**
- No employees or family members of Help America Hear Inc., Resound or any other hearing healthcare industry entity may apply to this scholarship
- All essays and supporting materials submitted become the property of Help America Hear Inc. and are considered permissible to use for marketing and fundraising purposes.

For questions or additional information about the Help America Hear Scholarship, please call (888)580-8886 or email at [info@helpamericahear.org](mailto:info@helpamericahear.org).

*Help America Hear Inc. 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 Help America Hear Inc. and its programs, please visit our website: [www.helpamericahear.org](http://www.helpamericahear.org)



**2021/22 School Year  
Help America Hear Scholarship Application**



**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent Information:**

**Mother/Father/Legal Guardian (Preferred parental contact):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_  
High School Contact (i.e., Principal, Vice Principal, Guidance counselor)

**Current Hearing Aid: (Required)**

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:

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### CHECKLIST For The Help America Hear Scholarship:

- 1) This Completed Application Form
- 2) Written Essay
- 3) Copy Of Hearing Instruments Evaluation (no more than 6 months old)
- 4) Copy Of College Acceptance Letter (if received)
- 5) Photo Of Applicant
- 6) Signed Photo Release (Signed by parent if applicant is under 18)
- 7) Signed HIPAA Form (Signed by parent if applicant is under 18)
- 8) Letters Of Reference (2)

**Please email your essay, application and all other required documents, in WORD and/or PDF format, to: [info@helpamericahear.org](mailto:info@helpamericahear.org)**

### Important Information Regarding This Scholarship:

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*Help America Hear Inc. does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process.*

*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

(888)580-8886 Or Visit Our Website At [www.helpamericahear.org](http://www.helpamericahear.org)



# Help America Hear Program HIPAA Authorization

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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION:**

**For Use and Disclosure of Protected Health Information**

By your signature below:

- (1) I (Applicant) authorize Help America Hear Inc. and authorized representatives, including service providers to receive my health information;
- (2) I authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran’s Administration, government facility, Hearing Professional, or other entity or person (“Providers”) to disclose my health information;
- (3) I acknowledge that this Authorization may be relied upon to determine my eligibility for receiving hearing aids from the Help America Hear Program or for any other business purpose not otherwise prohibited, including but not limited to any activities related to benefits or to support the business operations of this Company;
- (4) I acknowledge that this Authorization expires two (2) years from the date it is signed;
- (5) I acknowledge that I may revoke this Authorization at any time by, sending written notice to the Company’s address, however, any revocation will not apply retroactively;
- (6) I acknowledge that if I refuse to sign this Authorization, A Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or provide any benefit;
- (7) I acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and
- (8) I acknowledge that a copy of this Authorization, including a photographic or electronic copy of my signature, is valid as the original and I may receive a copy of this Authorization after it is signed.

I hereby authorize the designated parties below to request and received any protected health information regarding my treatment or payment.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Applicant’s Printed Name:** \_\_\_\_\_

**Applicant’s (or Legal Guardian’s) Signature:** \_\_\_\_\_

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

*Help America Hear Inc. reserves the discretionary right to modify its policies and procedures without notice.*

*Help America Hear Inc. does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process.*



## Help America Hear Program Photo-Video Release

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I, (print name) \_\_\_\_\_, hereby grant permission to *Help America Hear Inc.* (HAH) and the Hearing Healthcare Provider, (in addition to any production company hired by HAH) 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 HAH 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	

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