ALDAcon 2018
October 10-14, 2018

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, 2018

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 Carolyn 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:

Carolyn Piper  
Scholarship Chair  
wicwas@wcvf.com,  
82 Piper Place, Huntington, VT 05462  
802 434-2452

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