



BOB JANSSEN / ALDA CHICAGO ALDACon SCHOLARSHIP APPLICATION

Use the form below to submit your scholarship application by first-class mail. Complete the form below then mail it to ALDA Chicago, PO Box 102, Lombard, IL 60148. The application must reach us on or before the specified deadline date.

Scholarships are awarded by a committee. Applicant eligibility is based on the following criteria:

- Must be unable to attend without financial aid.
- Must have a hearing loss or unable to understand spoken language.
- Must be an ALDA Chicago member at both time of scholarship application and during ALDAcon.
- Priority given to first-time ALDAcon attendees/scholarship recipients in that order.

Name: _____

Address: _____

City, State, Zip: _____

Preferred Phone #: (____) _____

Phone Type (choose one):

- | | |
|--|---|
| <input type="checkbox"/> Landline Phone—Voice Only | <input type="checkbox"/> Cellphone—Voice Only |
| <input type="checkbox"/> Captioned Phone | <input type="checkbox"/> Cellphone—Text Only |
| <input type="checkbox"/> TTY | <input type="checkbox"/> Pager |
| <input type="checkbox"/> Videophone | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Cellphone—Voice & Text | <input type="checkbox"/> None (no phone) |

E-Mail Address: _____

I am (choose one):

- ☐ Late-deafened
- ☐ Hard-of-hearing
- ☐ Deaf at birth or as a toddler
- ☐ Unable to understand spoken language

I want to attend ALDAcon because:

I have read the ALDA Chicago scholarship policy and am signing/dating this application to show my agreement to its terms and conditions.

_____ Date: _____