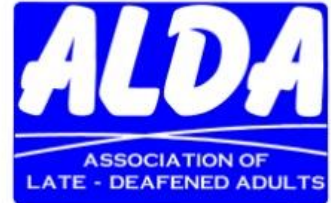


ALDAcon 2022 Scholarship Application



Date: _____

First Name _____ Last Name _____

Nickname for ID Badge _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Email _____

Please circle your answer:

➤ Are you a current ALDA Inc. Member? Yes No

➤ Are you a member of An ALDA Chicago Chapter or Group? Yes No

If yes, which one? _____

➤ Please briefly describe your involvement with ALDA (Either ALDA Inc. or chapter or group, i.e., are you a Board member, do you attend meetings, etc.)

➤ Please tell us your hearing status: (please circle your answer)

Deaf Late-Deafened Hard of Hearing Hearing

➤ Have you ever attended an ALDAcon? Yes No

○ If yes, which year(s), location(s)? _____
(Preference is always given to first time attendees)

➤ Have you ever previously received funds to attend ALDAcon? Yes No

If Yes, which year at what did it cover? _____

➤ Please tell us briefly why you want to attend ALDAcon:

➤ Please circle the kind(s) of financial assistance that you need to attend ALDAcon.

Full Registration Partial Registration Hotel (1/2 of Shared room)

(NOTE: Transportation costs are not covered by scholarships. Full registration is Wed. to Sunday. Partial is one or two day registrations. Hotel is for shared room only, but we will provide help to find a roommate match)

➤ To help in our decision making, please briefly describe the financial reasons you are asking for help:

- **Deadline for Application Receipt is June 30th, 2022. Please allow enough time if mailing to reach us by the deadline.**
- Acknowledgement of your application will be sent to you immediately upon its receipt. If you do not hear from us within a week after mailing your application, please get in touch with us. You will get a response from ALDA's Scholarship Committee regarding your application no later than the second week of July.
- Please include any further information that would be helpful to assist us in making a decision about your application: _____

- Special Needs: (Please circle all that would apply if you are selected)

None	ADA Kit request	Mobility accessible room needed	Diet or allergy
------	-----------------	---------------------------------	-----------------
- Dietary Needs: If you circled Diet or allergy above, please briefly describe your dietary restriction or allergy. i.e., diabetic, gluten-free, allergic to pepper, etc.:

➤ **Mail completed application to:**
 Karen Krull, Scholarship Chair
 19415 Oak St.
 Mokena, IL.. 60448

Questions or concerns regarding scholarship and applications may be sent to:

If you have any questions or if you do not receive a confirmation of receipt of your application within a week after mailing, please contact the ALDA Scholarship Committee Chair, Karen Krull, at scholarships@alda.org.