

PRESCHOOL-AGE FINANCIAL AID—2014 APPLICATION

The Preschool-Age Financial Aid program was established to provide financial aid support to families of preschool-age children who have been diagnosed with a moderate to profound hearing loss and who are in pursuit of spoken language education for their child. Grants are awarded to assist with expenses associated with obtaining services such as auditory support services, speech-language therapy, preschool tuition, etc. Families who apply should be committed to a listening and spoken language approach for the education of their child's listening, speech and cognitive skills.

These are one-time awards made generally in the month of October. Award amounts vary; over the past three years, awards have ranged from \$250 to \$1,500.

Criteria

In order to be eligible for this program, applicants must meet all of the following criteria:

- The child's bilateral hearing loss or Auditory Neuropathy must have been diagnosed before the child's fourth birthday. *Children with unilateral (one-sided) hearing loss or unilateral Auditory Neuropathy do not qualify.*
- The child's hearing loss must be in the moderately-severe to profound range. This means that applicants must have an unaided Pure-Tone Average (PTA) of 55 dB or greater in the better hearing ear, in the speech frequencies of 500, 1000, 2000 and 4000 Hz.*
Children with cochlear implants meet this eligibility requirement.

Formula for calculating the PTA:

On the unaided audiogram, look at the results for the better hearing ear at 500, 1000, 2000 and 4000 Hz and add those three numbers together, then divide that total by four. The result is the Pure Tone Average. To be eligible for this award, the child's PTA must be 55 dB or greater.

**This may not apply for children who have been diagnosed with Auditory Neuropathy. For information on required documentation for AN, please see the "documentation" section on the next page.*

- Listening and Spoken Language must be the child's primary mode of communication.
- The child must be at least four (4) years of age as of December 31, 2014 and must not yet be entering the first grade for the 2014-2015 school year.
- The child (and primary contact) must reside in the United States, including territories, or in Canada.
- Parents/guardians should be able to clearly outline their need for financial assistance and plans for usage of grant funds.

Note: While membership in AG Bell is not required, preference may be given to AG Bell members.

Application Submission Instructions

Please use this as a checklist to help ensure that your application is complete

- All pages of the application and supporting materials should be submitted on 8½" x 11" paper.
- The application and all attached materials must be in English.
- All pages must be single-sided.
- Please remove all staples from attachments and do not staple the application – use a paper clip.
- The application must be submitted flat (NOT folded) in a 9"x12" or larger envelope in the following order:

Application, with pages in order. *Every page of the application must be completed and the application must be signed.*

Documentation of hearing loss.

- **For children who use hearing aids**, an unaided audiogram performed within the last 12 months.
- **For children with a cochlear implant**, please include the most recent CI programming report. If your child uses a cochlear implant and a hearing aid, only a CI programming report is required. Please do not include an audiogram in lieu of a CI programming report.
- **For infants, toddlers and young children who have been diagnosed with Auditory Neuropathy and who do not have a cochlear implant**, please include an unaided audiogram performed within the last 12 months and a report from the audiologist diagnosing AN with recommendations. If an audiogram is not available, please include a copy of the ABR and the OAE (if available) along with the report from the audiologist with the AN diagnosis and recommendations.

Please Note: Unless otherwise noted (as with AN), applications that do not provide an audiogram or CI programming report will not be considered for an award; a narrative audiological report in lieu of one of these reports is not acceptable. If you have a question about what an audiogram or programming report is, please talk with your audiologist.

Two (2) Letters of Recommendation, each from different professionals who are familiar with your child. These should be therapeutic, educational or hearing health professional, including but not limited to speech-language pathologist, listening and spoken language specialist (LSLS), early interventionist, early childhood special educator, teacher of the deaf, preschool teacher, etc. Each letter should be a maximum of two pages and single-sided.

Please Note: These must be formal letters of recommendation; meeting reports, reports or report cards, or evaluation notes are not acceptable.

One (1) Letter of Recommendation from a non-relative who is familiar with the family's financial need (maximum of two pages, single-sided).

NOTE: Three separate letters of recommendation from three different individuals are required for your application to be considered for an award.

Please remove letters of recommendation from the envelopes in which you receive them, unfold them, and attach them flat to your application.

Please do not include information that has not been requested; all such items will be separated from the application and destroyed.

Application Deadline

The deadline for applications is August 14, 2014. **All materials MUST ARRIVE together in one package at the address below by 5:00 p.m. local time on August 14, 2014.** *No supporting materials will be accepted separately from the application.*

Send application package to: Wendy Will
Preschool-age Financial Aid
8745 Gary Burns Drive, Suite 160-504
Frisco, TX 75034

- Due to the volume of applications for multiple programs, we are not able to confirm receipt of applications. If you would like to know whether or not your application was received, you may choose to send your application using a service that can confirm delivery – preferably without requiring a signature as this can delay delivery. AG Bell does not accept responsibility nor make exceptions for any delays or delivery errors on the part of delivery services including delays due to the requirement of a signature. To ensure timely delivery, applicants are encouraged to submit applications well in advance of the deadline.
- Faxed applications are not accepted under any circumstances.
- Late and incomplete applications are not considered under any circumstances.
- Applications are not returned for any reason.

Please do not contact AG Bell seeking an exception to these policies.

Administrative Process

Once applications have been reviewed for eligibility and completeness, we will send an email to let the applicant know the status of the application. Applications that are received well in advance of the deadline will receive these email notifications much more quickly. Email notifications will be delayed for applications that are received in the days just before the deadline when many other applications are received. In that email, you will also receive information about when you can expect to be notified of the award decisions. If an email address is not provided, you will not receive this notification.

Shortly after the deadline, eligible applications will be forwarded to the award selection committee for review; ineligible applications are discarded.

Letters of notification will be mailed to all eligible applicants – those who were selected as well as those who were not selected to receive an award.

Have Questions or Need Clarification?

Please send an email to: financialaid@agbell.org
Response time may be up to three business days, so please plan accordingly when submitting your questions.

PRESCHOOL-AGE FINANCIAL AID APPLICATION—2014

Identifying Information

Please review for accuracy; an incorrect address will delay or possibly negate any award.

Applicant (child) Name (First, MI, Last): _____

Child's Date of Birth (MM/DD/YYYY): _____ Age as of 12/31/2014: _____

Child's Gender: Male Female

Unaided Pure Tone Average in the better-hearing ear: _____ (CI users please indicate "CI")
Hearing aid users must provide an answer to this question; the PTA must be at least 55dB to qualify for this program.

Parent/Legal Guardian Name (First, Last): _____

Occupation: _____

Relationship to child: Father Mother Legal Guardian

Mailing Address: _____

(Correspondence must be addressed to a parent or legal guardian; addresses in care of another individual are not acceptable)

Email Address: _____

An email address is required for us to notify you of the status of your application. If you do not have an email address, you may provide the email address of a friend, family member, or professional who is willing to help. Notification emails about the status of applications will be sent after the eligibility screening, which will be at least two weeks after the deadline.

Are you a current AG Bell member? Yes No

If you are not currently a member of AG Bell, we are offering a free six-month membership to join our community. This membership provides your family access to online and print resources dedicated to educate and support families like yours. Please let us know if you would like to accept this offer:

Yes, I accept the free six-month membership in AG Bell
 No thank you

AG Bell membership is not required; however, preference may be given to AG Bell members. Acceptance of this free membership offer constitutes membership in AG Bell.

Has the applicant ever received a financial aid award from AG Bell? Yes No

Applicant Information (Please type or print clearly)

Age of child when hearing loss was diagnosed: _____

If applicable, age at which he or she was fitted with hearing aid(s): _____

Does the applicant have a cochlear implant? Yes No

If yes, age at which he or she received the cochlear implant: _____

What method(s) of communication is used with your child at home and in therapy?

Check all that apply.

- Listening and Spoken Language
- Sign Language System (ASL, Signed English, Finger Spelling, etc.)
- Cued Speech
- Other, please briefly describe: _____

Please tell us where your child receives auditory/speech-language services:

Check all of the service(s) below that best describe what your child is receiving or will receive in the coming year and complete the information to the right of each selection.

	Total amount paid by family
<input type="checkbox"/> Auditory/Speech-Language Services	\$ _____
<input type="checkbox"/> Physical Therapy	\$ _____
<input type="checkbox"/> Occupational Therapy	\$ _____
<input type="checkbox"/> Parent/Family Training	\$ _____
<input type="checkbox"/> Hearing Aids Purchase	\$ _____
<input type="checkbox"/> Hearing Aid Maintenance	\$ _____
<input type="checkbox"/> Cochlear Implant initial procedure	\$ _____
<input type="checkbox"/> Cochlear Implant programming	\$ _____
<input type="checkbox"/> Other Auditory Devices such as FM Systems, Assistive Listening Devices, etc.	\$ _____
<input type="checkbox"/> Transportation Costs	\$ _____
<input type="checkbox"/> Mainstream Preschool Program	\$ _____
<input type="checkbox"/> Private Preschool Program	\$ _____
<input type="checkbox"/> Specialized Preschool Program	\$ _____
<input type="checkbox"/> Other (please describe): _____	\$ _____

Total number of dependents in your household, including the applicant: _____

Does the applicant receive support from Medicaid or SSI? Yes No

Please check your total annual gross household range of income:

- \$17,000 or less
- \$17,001 – \$34,749
- \$34,750 – \$44,999
- \$45,000 – \$59,999
- \$60,000 – \$79,999
- \$80,000 – \$99,999
- \$100,000+

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Essay Questions for Parents/Guardians

Your responses may be typed or written clearly and should be limited to the space provided. Please do not attach a separate sheet of paper.

Describe your family situation. Please include information about children other than the applicant and any challenges that they might have, as well as any extenuating circumstances.

Tell us how your decision to pursue listening and spoken language as an outcome for your child has impacted your family's life.

Essay, continued

Briefly describe one of your child's accomplishments of which you are most proud.

If you receive an award, how will your family use it?

If your child is attending or will attend a preschool program, please indicate:

Name of preschool _____ in (city/state) _____

In the space below, briefly tell us about your child's preschool program or other educational environs, focusing on the things you feel are most beneficial for your child. *Please do not attach a brochure about the program; we want to hear about it in your words.*

***If your child is 6 years of age or older, please tell us what grade he or she is in (pre-K or K) and describe what has delayed the entrance to first grade. (If your child will be entering first grade, he or she does not meet the criteria for this program.)*

Permission for Contact

From time to time, AG Bell may wish to contact your family as a follow up and to hear about the progress your child has made. AG Bell may also wish to feature your child and/or your family in an article for AG Bell’s magazine, *Volta Voices*, or for a special media story. On occasion, there may be legislative action or other activity taking place in your region, and we may want to contact you to enlist your assistance. Please indicate your preference:

- Yes, I would be happy for an AG Bell staff member to contact me in the future
- No, I prefer not to be contacted

Agreement

I certify that I am the parent/legal guardian of _____ and that, to the best of my knowledge, all information contained in this application is true and accurate. I understand that if my child is selected to receive an award, AG Bell may release general, non-identifying information stating this fact to the media and/or to AG Bell constituents.

Parent/Legal Guardian Signature _____

Date: _____

Child's Name: _____

NOTICE

If you live in the United States or its territories and you are selected to receive an award, the award money may be considered taxable income to you. Awards may also impact your income level for SSI. To determine this, we recommend that you consult your accountant, tax attorney, or your tax preparer.

If you live in the US or its territories and are selected to receive an award, the United States Federal Government requires that we collect a tax identification or social security number for the for the primary adult parent or guardian before we can process a check.* Please provide this and other required information below.

AG Bell treats this information with the strictest of confidence; it will be used only to file a 1099-M with the Internal Revenue Service (you will also receive a 1099-M) for total grants to you from AG Bell of \$600 or more in a calendar year. The review committee will not receive this page of your application.

Parent/Guardian Name: _____
(This is the person to whom the check will be payable and must be the same parent/guardian listed on page one of the application.)

Parent/Guardian Mailing Address:

Tax ID or Social Security Number for Parent/Guardian: _____

*Please note: If you reside in the United States and can not provide a social security or tax identification number for the primary adult parent or guardian, your application can not be considered for an award. We apologize for any inconvenience; this is a requirement of the United States Federal Government and no exceptions will be made.

PRESCHOOL-AGE FINANCIAL AID RECOMMENDATION—2014

Dear Recommender:

You are receiving this recommendation form on the behalf of _____ who is an applicant for Preschool-Age Financial Aid program for 2014. The applicant must meet all of the following criteria to be considered for an award:

- The child's bilateral hearing loss or Auditory Neuropathy must have been diagnosed before the child's fourth birthday. *Children with unilateral (one-sided) hearing loss or unilateral Auditory Neuropathy do not qualify.*
- The child's hearing loss must be in the moderately-severe to profound range. This means that applicants must have an unaided Pure-Tone Average (PTA) of 55 dB or greater in the better hearing ear, in the speech frequencies of 500, 1000, 2000 and 4000 Hz. *(Children with cochlear implants meet this eligibility requirement.)*
- Listening and Spoken Language must be the child's primary mode of communication.
- The child must be at least four (4) years of age as of December 31, 2014 and must not yet be entering the first grade for the 2014-2015 school year.
- The child must reside in the United States (including territories) or in Canada.
- Parents/guardians should be able to clearly outline their need for financial assistance and plans for usage of grant funds.

In a letter, preferably on your business or organization's letterhead and a maximum of two single-sided pages, please address the following points about the applicant/applicant family:

- How you came to know the applicant and family and how long you have known them.
- Describe how the family has demonstrated a commitment to facilitating their child's language growth.
- Tell us what you know about the educational progress of the child, including the "preschool grade" the child will enter in the fall.
- Describe the progress you have seen the applicant make in one or more areas such as language/reading, social/emotional, concepts and motor skills and why you feel the therapeutic and/or educational program the child is enrolled in beneficial for him or her.
- Very briefly and to the best of your ability, describe the applicant's method(s) of communication in his or her daily communications and educational environs (i.e. spoken language, speech reading, American Sign Language/finger spelling, cued speech, use of residual hearing, oral and/or sign language interpreters).
- Tell us why this applicant's family should be considered for a Preschool-Age Financial Aid award.

Please note: the review committee is comprised of individuals who work in the field of education and who are familiar with hearing loss, hearing technology and accommodations, so you do not need to describe these in detail.

Your recommendation is required for the applicant's application to be complete.

Please return your recommendation letter to the applicant's family as quickly as possible so that they are not disqualified due to a late or incomplete application. Recommendations sent directly/separately to AG Bell will not be accepted.