

Grants to Parents Application

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

DOB _____

Gender _____

Parent/Guardian name _____

Occupation _____

Relationship to child _____

Mailing and street addresses _____

Phone numbers _____

Email address _____

Preferred method of contact _____

Amount Requested _____

Services child is receiving or will receive in the coming year and total amount paid by family for each:

- | | |
|--|---|
| <input type="checkbox"/> Transportation Costs | <input type="checkbox"/> Overnight Stays |
| <input type="checkbox"/> Preschool Program | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Auditory/Speech-Language Services |
| <input type="checkbox"/> Hearing Aid Purchase | <input type="checkbox"/> Hearing Aid Maintenance (e.g., ear molds, batteries) |
| <input type="checkbox"/> Hearing Aid Fittings | <input type="checkbox"/> Cochlear Implant Initial Procedure |
| <input type="checkbox"/> Cochlear Implant Programming | <input type="checkbox"/> Parent/Family Training |
| <input type="checkbox"/> Devices (e.g., FM Systems, Assistive Listening Devices for children under age of 5) | |
| <input type="checkbox"/> Other _____ | |

Total number of dependents in household, including applicant _____

Total annual gross household income

- | | |
|--|--|
| <input type="checkbox"/> \$20,000 or less | <input type="checkbox"/> \$20,001 - \$35,000 |
| <input type="checkbox"/> \$35,001 - \$45,000 | <input type="checkbox"/> \$45,001 - \$60,000 |
| <input type="checkbox"/> \$60,001 - \$80,000 | <input type="checkbox"/> \$80,001-\$100,000 |
| <input type="checkbox"/> \$100,000+ | |

Questions (Please provide responses to the following questions)

- Describe funding sources you have pursued but are not eligible for and why.
- Tell us about your family including any information about children other than the applicant and any difficulties that they might have, as well as any special circumstances.
- Describe one of your child's achievements.
- If you receive the grant, how will you use it?

I certify that my responses are accurate and true to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I understand that if we are selected to receive a grant, BEGINNINGS may release general information regarding the award and I give BEGINNINGS permission to publish, without charge, photographs and narratives.

Print Name

Signature

Date

Criteria

- 1) Family must have been served by BEGINNINGS
- 2) Audiogram from within the last year
- 3) Must younger than 22
- 4) Family must currently reside in North Carolina
- 5) Parents/guardians should be able to clearly outline their need for financial assistance and plans for usage of grant funds
- 6) Not eligible for other sources of funding for the item or service for which you are requesting funding
- 7) Parents may apply once every 12 months

Application Requirements

Application checklist

- Application
- Recent audiogram (within past year)
- Photo of child
- Recommendation (using the attached form) from a professional who is has worked with your child. For example, a therapeutic, educational or hearing health professional, such as a speech-language pathologist, early interventionist, early childhood special educator, teacher of the deaf, preschool teacher, etc.
- Privacy Release

Application Deadline

Applications will be accepted on a rolling basis and will be reviewed for award quarterly.

Dates for reviewing/awarding

- July/August
- Oct/Nov
- Jan/Feb
- Apr/May

Award Process

After all applications are screened, eligible applications will be reviewed by the award selection committee.

Once the review process is completed, you will be notified via email of award decisions. Letters of notification will also be mailed to all applicants.