

Grants to Parents Application

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

DOB _____ **Gender** _____

Parent/Guardian name _____

Occupation _____

Relationship to child _____

Mailing and street addresses _____

City/State _____ **Zip code** _____

Home phone number _____ **Mobile number** _____

Email address _____

Preferred method of contact _____

BEGINNINGS Parent Educator _____

Amount requested _____

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

- Transportation costs \$_____ Overnight stays \$_____
- Preschool program \$_____
- Physical appointments \$_____
- Hearing aid purchase \$_____ Hearing aid maintenance (e.g., ear molds, batteries) \$_____
- Hearing aid fittings \$_____
- Cochlear implant appointments \$_____ Parent/Family Training \$_____
- Devices (e.g., FM systems, Assistive Listening Devices for children under age of 5)
- Other _____

Total number of dependents in household, including applicant _____

Total annual gross household income

- \$20,000 or less \$20,001 - \$35,000
- \$35,001 - \$45,000 \$45,001 - \$60,000
- \$60,001 - \$80,000 \$80,001-\$100,000
- \$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 a BEGINNINGS Parent Educator
- 2) Family must supply a copy of an audiological report from within the last year
- 3) Child must younger than 22
- 4) Family must reside in North Carolina
- 5) Parents/guardians should be able to clearly outline their need for financial assistance and plans for grant funds
- 6) The family must be ineligible for other sources of funding for the item or service for which they are requesting funding
- 7) Parents may apply once every 12 months; there is a limit of 3 awards per family

Application Requirements

Application checklist

- Application
- Recent audiological report (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.

Due dates for applications:

- July 31
- October 31
- January 31
- April 30

Award Process

After all applications are screened, eligible applications will be reviewed by the award selection committee. Once the review process is completed, applicants will be notified of award decisions. Letters of notification will also be mailed to all applicants.

Awards will be mailed by:

- August 31
- November 30
- February 28
- May 31

Please return to BEGINNINGS, 156 Wind Chime Court, Suite A, Raleigh, NC 27615 or raleigh@ncbegin.org