

APPLICANT INFORMATION, CONTINUED *(Please type or print clearly)*

Has the applicant ever received an Amplification & Assistive Devices Award? Yes No
 If yes, what years? _____

Has the applicant ever received other AG Bell financial aid awards? Yes No
 If so, which awards? _____

What method of communication is used with your child at home and in therapy? Check all that apply.

- Spoken Language
- Sign Language System (ASL, Signed English, Finger Spelling, etc.)
- Cued Speech
- Other

Check the service(s) 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. Check and complete all that apply.

| | Estimated total cost per year | 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"/> Purchase Hearing Aids | \$ _____ | \$ _____ |
| <input type="checkbox"/> Hearing Aid Maintenance | \$ _____ | \$ _____ |
| <input type="checkbox"/> Cochlear Implant initial procedure | \$ _____ | \$ _____ |
| <input type="checkbox"/> Cochlear Implant MAPPING | \$ _____ | \$ _____ |
| <input type="checkbox"/> Other Auditory Devices (FM Systems, Assistive Listening Devices, etc.) | \$ _____ | \$ _____ |
| <input type="checkbox"/> Transportation Costs | \$ _____ | \$ _____ |
| <input type="checkbox"/> Mainstream Pre-school Program | \$ _____ | \$ _____ |
| <input type="checkbox"/> Private Pre-school Program | \$ _____ | \$ _____ |
| <input type="checkbox"/> Specialized Pre-school Program | \$ _____ | \$ _____ |
| <input type="checkbox"/> Other (please describe): | \$ _____ | \$ _____ |

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

PARENT/GUARDIAN ESSAY

Please tell us about your reason(s) for applying for the Amplification & Assistive Devices Award, including any extenuating circumstances. Also, include financial assistance you are requesting. This essay may be written in a clear hand or typed, but please limit your comments to the space below.

BACKGROUND INFORMATION

How did you learn about AG Bell Florida's Amplification & Assistive Devices Award,? (please check all that apply)

- AG Bell Florida Website
- AG Bell Florida Newsletter
- Through my child's school
- Through my child's Audiologist or Speech-Language Pathologist
- Through an internet search engine
- Recommendation from a friend
- Other _____

PERMISSION FOR CONTACT

From time to time, AG Bell Florida may wish to contact your family as a follow up and to hear about the progress your child has made. AG Bell Florida may also wish to feature your child and/or your family in an article for AG Bell Florida's Newsletter or web site 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 or legal guardian of _____, and that I have included all of the required documents in our application.

I further certify that, to the best of my knowledge, all information contained in this application is true and accurate.

Parent or Legal Guardian Signature _____

Date: _____

AMPLIFICATION & ASSISTIVE DEVICES AWARD RECOMMENDATION—2010

Dear Recommender:

You are receiving this recommendation form on the behalf of _____ who is an applicant for AG Bell Florida's Amplification & Assistive Devices Award for 2010.

The applicant must meet all of the following criteria to be considered for an award:

Spoken communication must be the child's primary mode of communication.

The child must reside in the State of Florida.

Parents/guardians must demonstrate financial need.

If awarded a scholarship, AG Bell Florida will issue a check payable to the company of facility involved. When necessary, AG Bell Florida will reimburse upon submission of paid receipts.

Applications must be sent to AG Bell Florida, P.O. Box 533035, Orlando, FL 32853

In a letter – a maximum of two single-sided pages – preferably on your business or organization's letterhead, please help us learn more about the applicant and his/her family. In your letter, please include responses to the following:

How have you come to know the applicant and family?

How long have you known the applicant and family?

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, speechreading, American Sign Language/finger spelling, cued speech, use of residual hearing, CART, oral and/or sign language interpreters).

Tell us why you believe this applicant's family should be considered for an Amplification & Assistive Devices Award.

Please tell us whether or not you are an AG Bell member.

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