



ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING ARTS & SCIENCES AWARD PROGRAM—2022

IDENTIFYING INFORMATION

Please print clearly or type and review for accuracy; if we cannot read the application or if you give us an incorrect address, we may not be able to process or send an award to you.

Child's Name: _____
(First) (Middle Initial) (Last)

Child's Date of Birth (MM/DD/YYYY) _____ Age: _____

Child's Gender: Male Female Current grade in school: _____

Parent or Legal Guardian Name: _____
(First) (Middle Initial) (Last)

Relationship to child: Father Mother Legal Guardian

Complete Mailing Address: _____

Telephone Number: _____ Please check if this is a mobile number

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 receive messages for you.

CHILD'S HEARING HEALTH HISTORY

Age when hearing loss was diagnosed: _____ Pure Tone Average*: _____

**If the child has a cochlear implant, enter "CI" for Pure Tone Average.
For all others, the PTA must be 55 dB or higher in the better-hearing ear.*

If applicable, age at which your child was fitted with hearing aid(s): _____

If applicable, age(s) at which your child received cochlear implant(s) _____

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

What language does your family most use at home? _____

Please check your total annual gross household income:

- \$19,999 or less
 \$20,000 – \$34,999
 35,000 – \$49,999
 \$50,000 – \$64,999
 \$65,000 – \$79,999
 \$80,000 – \$99,999
 \$100,000+

Does your child receive support from Medicaid or SSI? Yes No Monthly Amount: _____

INFORMATION ABOUT THE ARTS OR SCIENCES PROGRAM THAT YOU’VE SELECTED FOR YOUR CHILD

Name of program: _____

How long is the program: _____

In one sentence, describe the program: _____

Total Cost of Program \$ _____

Family Contribution \$ _____ (how much you will pay)

Award Request \$ _____ (how much you are asking AG Bell to award)

Will your child require special accommodations to participate in the program? Yes No

If yes, please briefly explain _____

PERMISSION FOR CONTACT

By submitting this application, you agree to the following:

If our family receives a financial aid award, we will provide a report to AG Bell within six months of receiving an award on how the award was used and what progress our child is making toward Listening and Spoken Language. We understand that AG Bell will email a request for our report, and that AG Bell prefers that we submit video to highlight our child’s use of Listening and Spoken Language. We also understand that AG Bell may wish to feature our child and/or our family in an article for AG Bell’s magazine, *Volta Voices*, or for a special media story. On occasion, there may be legislative action taking place in our region, and AG Bell may want to contact us to help advocate. *Note: If you are contacted by AG Bell regarding your family’s participation in a media story, you have the option not to participate.*

CHILD’S ESSAY

In the space below, we would like to hear in your child’s words why he or she wants to participate in the selected arts or sciences program. If your child is in first or second grade, you may write down their words for them. All other children should write for themselves. Please write clearly or type and use only the space below.

_____ My child dictated the essay below

_____ My child wrote the essay below

PARENT/GUARDIAN ESSAY

Please tell us why you selected this arts or sciences program for your child and how you believe it will benefit his or her educational and social development. This essay may be printed or typed; please limit your comments to the space below (front side of this page only, please).

AGREEMENT

I understand that if my family receives an award from the Arts & Science program Award it is only to be used for my child to attend the activity described in the application. 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.

I understand that if my family is selected to receive an award, AG Bell may release information stating this fact to the media and/or to AG Bell constituents.

Parent or 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. 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 before we can process a check. Please provide this and other required information below.

This information is required by the Internal Revenue Service for all awards of \$600 or more and AG Bell is required to comply with this rule. AG Bell treats this information with the strictest of confidence; it will be used *only* to file a 1099 form with the Internal Revenue Service. The review committee will not receive this page of your application.

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

Complete Mailing Address: _____

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

Child's Name: _____

Demographic Information

AG Bell would like to learn more about the families and individuals we support. It would be helpful to know the following information. This information on demographics is voluntary and confidential and will not be shared with the review committee. Please check all that apply.

Race: Parent 1 ___ American Indian or Alaska Native
 ___ Asian
 ___ Black/African-American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

 Parent 2 ___ American Indian or Alaska Native
 ___ Asian
 ___ Black/African-American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

Ethnicity: Parent 1 ___ Hispanic/Latino/a/of Spanish Origin ___ Non-Hispanic
 Parent 2 ___ Hispanic/Latino/a/of Spanish Origin ___ Non-Hispanic

Sex: Parent 1 ___ Female ___ Male ___ Other
 Parent 2 ___ Female ___ Male ___ Other

Disability: Parent 1 ___ Hearing Loss ___ Vision Loss ___ Mobility Impairment
 ___ Other: _____

 Parent 2 ___ Hearing Loss ___ Vision Loss ___ Mobility Impairment
 ___ Other: _____

How do you receive communications from AG Bell?

___ Email
___ Facebook
___ Instagram
___ Twitter
___ LinkedIn
___ Other: _____

ARTS & SCIENCES AWARD PROGRAM—2022

Dear Recommender:

You are receiving this recommendation form on the behalf of _____ who is an applicant for the AG Bell's 2022 Arts & Sciences Award program. The applicant must meet all of the following criteria to be considered for this award:

- The child's bilateral hearing loss or Auditory Neuropathy must have been diagnosed prior to the child's fourth birthday (pre-lingual). *Note: Children with unilateral (one-sided) hearing loss or unilateral auditory neuropathy do not qualify.*
- The child's hearing loss must be in the moderate to profound range. This means that the child 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 4,000 Hz. *Children with cochlear implants do meet this eligibility requirement. Children with unilateral (one-sided) hearing loss do not qualify.*
- Listening and Spoken Language must be the child's primary mode of communication.
- The child must be in elementary or secondary school (grades 1-12) for the current school year.
- The child must be enrolled in or registered for the selected arts or sciences program.
- The family must reside in the United States (including territories) or in Canada.

In a letter of one or two pages on your business or personal letterhead, please tell us the following:

- What is your relationship to the applicant and how long have you known the child and the family?
- Tell us how you feel the art or science program that this family has selected will benefit the child.
- Help the review committee to know who the applicant is, and why you believe that he or she should be considered for an award.
- To the best of your ability, describe the applicant's method(s) of communication in his or her daily communications and educational environment (i.e. spoken language, speech reading, sign language/finger spelling, cued speech, use of residual hearing, use of note taker, CART, oral and/or sign language interpreters).
- Please tell us whether or not you are an AG Bell member.

**Your recommendation is required for the application to be complete.
Please give your letter to the applicant family promptly to submit before the deadline.**