



**ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING
ARTS & SCIENCES AWARD PROGRAM—2020**

IDENTIFYING INFORMATION

(Print clearly and review for accuracy; an illegible or incorrect address can delay or possibly negate any award.)

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: _____

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 applicant was fitted with hearing aid(s): _____

If applicable, age(s) at which applicant 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

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 \$ _____ (total 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:

All recipients of financial aid are expected to provide a report within six months of receiving an award on how the award was used and what progress your child is making toward Listening and Spoken Language. Our preference is that you submit your report in video form to highlight your child's use of Listening and Spoken Language. We will also accept high resolution photographs and written reports. All reports should be submitted to financialaid@agbell.org. AG Bell may 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 taking place in your region, and we may want to contact you to enlist your assistance. 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 would like 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 the receipt of an Arts & Science Award is contingent upon participation by my child in the arts and sciences program 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: _____



ARTS & SCIENCES AWARD PROGRAM—2020

Dear Recommender:

You are receiving this recommendation form on the behalf of _____ who is an applicant for the AG Bell's 2020 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 – a maximum of two single-side 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 applicant's application to be complete.

Please return your letter directly to the applicant's family as quickly as possible so that the family is not disqualified due to a late application. *The recommendation may NOT be mailed or faxed separately to AG Bell.*