The Preschool-Age Financial Aid program was established to provide financial aid support to families of preschool-age children who have been diagnosed with a moderate to profound hearing loss and who are in pursuit of spoken language education for their child. Grants are awarded to assist with expenses associated with obtaining services such as auditory support services, speech-language therapy, preschool tuition, etc. Families who apply must be committed to a listening and spoken language approach for the education of their child’s listening, speech and cognitive skills.

These are one-time awards made generally in the month of October. Award amounts vary; over the past three years, awards have ranged from $250 to $1,500.

Criteria
In order to be eligible for this program, applicants must meet all of the following criteria:

- The child’s bilateral hearing loss or Auditory Neuropathy must have been diagnosed before the child’s fourth birthday. Children with unilateral (one-sided) hearing loss or unilateral Auditory Neuropathy do not qualify.

- The child’s hearing loss must be in the moderately-severe to profound range. This means that applicants 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 4000 Hz. Children with cochlear implants meet this eligibility requirement.

  Formula for calculating the PTA:
  On the unaided audiogram, look at the results for the better hearing ear at 500, 1000, 2000 and 4000 Hz and add those three numbers together, then divide that total by four. The result is the Pure Tone Average. To be eligible for this award, the child’s PTA must be 55 dB or greater.

  *This may not apply for children who have been diagnosed with Auditory Neuropathy. For information on required documentation for AN, please see the “documentation” section on the next page.

- Listening and Spoken Language must be the child’s primary mode of communication.

- The child’s fourth birthday must be or have been before December 31, 2017 and the child must not yet be entering the first grade in the 2017-2018 school year.

- The child (and primary contact) must reside in the United States, including territories, or in Canada.

- Parents/guardians should be able to clearly outline their need for financial assistance and plans for use of grant funds.

  Note: All applicants for Preschool Financial Aid will receive free of cost membership in AG Bell.
Application Submission Instructions

Please use this as a checklist to help ensure that your application is complete.

- The application can be completed online as a writable pdf. We suggest you download the application and save it. Once you have completed the application, save it again, print and scan it, and then scan the required attachments. Submit all pages **together in one document** via email to: financialaid@agbell.org.
- If you choose to submit your application in paper form, all pages of the application and supporting materials should be submitted on 8½” x 11” paper (or Canadian equivalent).
- All pages must be single-sided; information on the back of a page will not be transmitted to the committee.
- Please remove all staples from the application.
- The paper application should be submitted flat (NOT folded) in a 9”x12” envelope, held together with one paper clip.
- Whether you submit your application by e-mail or on paper, the application and attachments must be in English and in the following order:

☐ Application, with pages in order. Every page of the application must be completed and page four of the application must be signed.

☐ Documentation of hearing loss.
  - For children who use hearing aids, an unaided audiogram performed within the last 12 months.
  - For children with a cochlear implant, please include the most recent programming report. If your child uses a cochlear implant and a hearing aid, only a CI programming report is required. In the absence of programming report, an audiogram will suffice.
  - For children who have been diagnosed with Auditory Neuropathy and who do not have a cochlear implant, please include the last two unaided audiograms (one must have been performed within the last 12 months) along with the report from the audiologist with the original AN diagnosis. If two audiograms are not available, please include a recent report from the audiologist with the current status of the AN along with recommendations.

Please Note: Applications that do not provide an audiogram or CI programming report will not be considered for an award; a narrative audiological report in lieu of one of these reports is not acceptable. If you have a question about what an audiogram or programming report is, please talk with your audiologist.

- Two (2) Letters of Recommendation, each from different professionals who are familiar with your child. These should be from a therapeutic, educational or hearing health professional, such as a speech-language pathologist, listening and spoken language specialist (LSLS), early interventionist, early childhood special educator, teacher of the deaf, preschool teacher, etc. Each letter should be a maximum of two pages and single-sided.

  Please Note: These must be formal letters of recommendation typed on letterhead and signed; meeting reports, reports or report cards, or evaluation notes are not acceptable.

- One (1) Letter of Recommendation from a non-relative who is familiar with the family’s financial need (maximum of two pages, single-sided and signed).

NOTE: Three separate letters of recommendation from three different individuals are required for your application to be considered for an award.
Please remove letters of recommendation from the envelopes in which you receive them, unfold them, and attach them flat to your application.

Please do not include information that has not been requested; all such items will be separated from the application and destroyed.

Application Deadline

The deadline for applications is before 5:00pm EST on July 21, 2017. All materials must arrive together in one package. If you send your application by e-mail, it must be one pdf document in the correct order sent to financialaid@agbell.org.

To submit your application by regular mail or delivery service, send application package to:

AG Bell – Preschool-Age Financial Aid
3417 Volta Place NW
Washington, DC 20007

Due to the volume of applications for multiple programs, we are not able to confirm receipt of applications. If you would like to know whether or not your application was received, you may choose to send your application by e-mail and Request Delivery Receipt or use a service that can confirm delivery (US Postal Service certified or express mail, Federal Express, DHL, UPS, etc.). Please do not require a signature as this may delay deliver. AG Bell does not accept responsibility and will not make exceptions for any delays or delivery errors on the part of delivery services including delays due to the requirement of a signature. We encourage you to submit your application well in advance of the deadline.

Faxed applications are not accepted under any circumstances.
Late and incomplete applications are not considered under any circumstances.
Applications are not returned for any reason.
Please do not contact AG Bell seeking an exception to these policies.

Administrative Process

Once applications have been reviewed for eligibility and completeness, all eligible and complete applications will be submitted to the selection committee for consideration. Ineligible or incomplete applications will be discarded. Once the committee has made its decisions, email notices will be sent to all applicants as to whether their application has been approved for an award. All communications are conducted by e-mail so please be sure to include an e-mail address to receive correspondence.

Award checks will be mailed to all awardees to the postal address on their application approximately four weeks after notification.

Frequently Asked Questions (FAQs)

Answers to the most frequently asked questions about AG Bell’s Financial Aid Programs are here. [Insert link: http://www.listeningandspokenlanguage.org/Document.aspx?id=262]

Have Questions or Need Clarification?
Please send an email to: financialaid@agbell.org Response time may take several business days, so please plan accordingly when submitting your questions.
PRESCHOOL-AGE FINANCIAL AID APPLICATION—2017

Identifying Information
Please print clearly or type and review for accuracy; an incorrect address will delay or possibly negate any award.

Applicant (child) Name (First, MI, Last): ___________________________________________________
Child’s Date of Birth (MM/DD/YYYY): ___________________ Age as of 12/31/2017: _____________
Child’s Gender: Male Female
Unaided Pure Tone Average in the better-hearing ear: ___________ (CI users please indicate “CI”)
Hearing aid users must provide an answer to this question; the PTA must be at least 55dB to qualify for this program.

Parent/Legal Guardian Name (First, Last): __________________________________________________
Occupation: __________________________________________________________________________
Relationship to child: Father Mother Legal Guardian
Mailing Address: __________________________________________________________________________
(Correspondence must be addressed to a parent or legal guardian; addresses in care of another individual are not acceptable)

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 help.

Has the applicant ever received a financial aid award from AG Bell? Yes No

Applicant Information (Please type or print clearly)

Age of child when hearing loss was diagnosed: _____________________________________________
If applicable, age at which he or she was fitted with hearing aid(s): _________________________
Does the applicant have a cochlear implant? Yes No
If yes, age at which he or she received the cochlear implant: _____________________________

What method(s) of communication is used with your child at home and in therapy?
Check all that apply.
Listening and Spoken Language
Sign Language System (ASL, Signed English, Finger Spelling, etc.)
Cued Speech
Other, please briefly describe: __________________________________________________________
What method(s) of communication is used with your child at home and in therapy?
Check all that apply.
Listening and Spoken Language
Sign Language System (ASL, Signed English, Finger Spelling, etc.)
Cued Speech
Other, please briefly describe: ____________________________________________________

Please tell us where your child receives auditory/speech-language services:
___________________________________________________________________________________

Check all of the service(s) below 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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Total amount paid by family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory/Speech-Language Services</td>
<td>$________</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$________</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>$________</td>
</tr>
<tr>
<td>Parent/Family Training</td>
<td>$________</td>
</tr>
<tr>
<td>Hearing Aids Purchase</td>
<td>$________</td>
</tr>
<tr>
<td>Hearing Aid Maintenance</td>
<td>$________</td>
</tr>
<tr>
<td>Cochlear Implant initial procedure</td>
<td>$________</td>
</tr>
<tr>
<td>Cochlear Implant programming</td>
<td>$________</td>
</tr>
<tr>
<td>Other Auditory Devices such as FM Systems, Assistive Devices</td>
<td>$________</td>
</tr>
<tr>
<td>Transportation Costs</td>
<td>$________</td>
</tr>
<tr>
<td>Mainstream Preschool Program</td>
<td>$________</td>
</tr>
<tr>
<td>Private Preschool Program</td>
<td>$________</td>
</tr>
<tr>
<td>Specialized Preschool Program</td>
<td>$________</td>
</tr>
<tr>
<td>Other (please describe):</td>
<td>$________</td>
</tr>
</tbody>
</table>

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

Does the applicant receive support from Medicaid or SSI?  
Yes  No

Please check your total annual gross household range of income:

- $17,000 or less
- $17,001 – $34,749
- $34,750 – $44,999
- $45,000 – $59,999
- $60,000 – $79,999
- $80,000 – $99,999
- $100,000+
Essay Questions for Parents/Guardians
Your responses may be typed or written clearly and should be limited to the space provided. Please do not attach a separate sheet of paper.

Describe your family situation. Please include information about children other than the applicant and any challenges that they might have, as well as any extenuating circumstances.

Tell us how your decision to pursue listening and spoken language as an outcome for your child has impacted your family’s life.

Briefly describe one of your child’s accomplishments of which you are most proud.
If you receive an award, how will your family use it?

If your child is attending or will attend a preschool program, please indicate:

Name of preschool ___________________________ in (city/state) ________________

In the space below, briefly tell us about your child’s preschool program or other educational environs, focusing on the things you feel are most beneficial for your child. Please do not attach a brochure about the program; we want to hear about it in your words. If your child is 6 years of age or older, please tell us what grade he or she is in (pre-K or K) and describe what has delayed the entrance to first grade.

Permission for Contact
From time to time, AG Bell may wish to contact your family as a follow up and to hear about the progress your child has made. AG Bell may also 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 or other activity taking place in your region, and we may want to contact you to enlist your assistance.

Agreement
I certify that I am the parent/legal guardian of ________________________ and that, to the best of my knowledge, all information contained in this application is true and accurate. I understand that if my child is selected to receive an award, AG Bell may release general, non-identifying information stating this fact to the media and/or to AG Bell constituents.

Parent/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. Awards may also impact your income level for SSI. 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 for the primary adult parent or guardian before we can process a check.* Please provide this and other required information below.

AG Bell treats this information with the strictest confidence; it will be used only to file a 1099-M with the Internal Revenue Service (you will also receive a 1099-M) for total grants to you from AG Bell of $600 or more in a calendar year. The review committee will not receive this page of your application.

Parent/Guardian Name: ______________________________________________________
(This is the person to whom the check will be payable and must be the same parent/guardian listed on page one of the application.)

Parent/Guardian Mailing Address:____________________________________________

Tax ID or Social Security Number for Parent/Guardian: ______________________________

*Please note: If you reside in the United States and cannot provide a social security or tax identification number for the primary adult parent or guardian, your application cannot be considered for an award. We apologize for any inconvenience; this is a requirement of the United States Federal Government and no exceptions will be made.
Dear Recommender:

You are receiving this recommendation form on the behalf of _____________________________ who is an applicant for Preschool-Age Financial Aid program for 2017. The applicant must meet all of the following criteria to be considered for an award:

- The child’s bilateral hearing loss or Auditory Neuropathy must have been diagnosed before the child’s fourth birthday. Children with unilateral (one-sided) hearing loss or unilateral Auditory Neuropathy do not qualify.
- The child’s hearing loss must be in the moderately-severe to profound range. This means that applicants 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 4000 Hz. (Children with cochlear implants meet this eligibility requirement.)
- Listening and Spoken Language must be the child’s primary mode of communication.
- The child must be at least four (4) years of age as of December 31, 2017 and must not yet be entering the first grade for the 2017-2018 school year.
- The child must reside in the United States (including territories) or in Canada.

In a letter, preferably on your business or organization’s letterhead and a maximum of two single-sided pages, please address the following points about the applicant/applicant family:

- How you came to know the applicant and family and how long you have known them.
- Describe how the family has demonstrated a commitment to facilitating their child’s language growth.
- Tell us what you know about the educational progress of the child, including the “preschool grade” the child will enter in the fall.
- Describe the progress you have seen the applicant make in one or more areas such as language/reading, social/emotional, concepts and motor skills and why you feel the therapeutic and/or educational program the child is enrolled in beneficial for him or her.
- Very briefly and 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, speech reading, American Sign Language/finger spelling, cued speech, use of residual hearing, oral and/or sign language interpreters).
- Tell us why this applicant’s family should be considered for a Preschool-Age Financial Aid award.

Please note: the review committee comprises individuals who work in the field of education and who are familiar with hearing loss, hearing technology and accommodations, so you do not need to describe these in detail.

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

Please return your recommendation letter to the applicant’s family as quickly as possible so that they are not disqualified due to a late or incomplete application. Recommendations sent directly/separately to AG Bell will not be accepted.