



Approved? **Y** or **N**

Scholarship %: \_\_\_\_\_

### APPLICATION FOR SCHOLARSHIP FUNDING

To apply for financial assistance, please complete all the steps below. Incomplete applications will not be considered.

***Before completing this application: If you have insurance, please contact your insurance to find out if they cover the service you need. If you have insurance coverage, you may be able to get assistance with your copay.***

#### **STEP 1: Provide your information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Guardian's name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Check the service for which financial assistance is requested:

☐ Hearing Evaluation ☐ Hearing Aid ☐ Hearing Aid Repair ☐ Speech Evaluation ☐ Speech Therapy

Have you ever received a hearing aid from the Center for Hearing & Speech? ☐ Yes ☐ No

If yes, how long ago? \_\_\_\_\_ (*Hearing Aid Assistance is only available every 4 years*)

Do you have health insurance? ☐ Yes ☐ No If yes, what kind? \_\_\_\_\_

Does your insurance cover the service you are applying for? ☐ Yes ☐ No If so, copay amount? \_\_\_\_\_

What is the **total household** monthly income? \_\_\_\_\_ (include paychecks, social security, pension, child support, alimony, etc. for ALL members of the household)

How many adults live in the household? \_\_\_\_\_ How many children live in the household? \_\_\_\_\_

How did you hear about the Center for Hearing & Speech? \_\_\_\_\_

Please use the space below to provide any additional information that you feel will help in the determination of the level of financial assistance that you will be awarded.

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I attest that the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of client or guardian

\_\_\_\_\_  
Date

## STEP 2: Collect required attachments

Check one for each number:

- |   |           |   |
|---|-----------|---|
| 1. <input type="checkbox"/> Most recent paycheck stub         | <b>OR</b> | <input type="checkbox"/> Not employed                                     |
| 2. <input type="checkbox"/> Income tax return                 | <b>OR</b> | <input type="checkbox"/> I do not file taxes (may be asked for form 4506) |
| 3. <input type="checkbox"/> Social Security benefit letter    | <b>OR</b> | <input type="checkbox"/> I do not receive Social Security                 |
| 4. <input type="checkbox"/> Pension/retirement benefit letter | <b>OR</b> | <input type="checkbox"/> I do not receive a pension or have retirement    |

## STEP 3: Submit all information

Send this completed form with required attachments.

Mail to:  
Center for Hearing & Speech  
Finance Department  
9835 Manchester Road  
St. Louis, MO 63119

OR

Scan and email to [Scholarships@Chsstl.org](mailto:Scholarships@Chsstl.org).

OR

Fax to 314-968-4762 Attention Finance Department

You will receive a phone call within 10-15 business days regarding your eligibility for scholarship funding. For any questions, please contact us at 314-968-4710.

### FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Date complete: \_\_\_\_\_

Verified monthly or annual income: \_\_\_\_\_ Number in household: \_\_\_\_\_

Financial assistance awarded? ☐ Yes ☐ No If so, percentage \_\_\_\_\_

Reviewed by/date: \_\_\_\_\_

Executive Director approval/date: \_\_\_\_\_

Client notification date: \_\_\_\_\_