

The Foundation for Maine's Deaf and Hard of Hearing Children
One Mackworth Island
Falmouth, ME 04103
(207) 781-6286 V/TTY

Individual or Family Grant Application Procedures & Guidelines

The Foundation for Maine's Deaf and Hard of Hearing Children promotes a broad spectrum of educational opportunities and initiatives for deaf and hard of hearing children (birth – 21 years) and their families throughout the state of Maine. Our guiding principles are as follows:

The Foundation provides financial support to Maine's deaf and hard of hearing children and programs which support the following initiatives for Maine's deaf and hard of hearing children and their families:

- *Innovative leadership development*
- *Social development*
- *Physical and recreational development*
- *The arts*
- *Independent living*
- *Community service*

The attached application should be sufficiently complete to enable the Foundation to weigh the merits of the request in comparison to other requests the Foundation receives. Applications should adhere as much as possible to the mission of The Foundation for Maine's Deaf and Hard of Hearing Children, as stated above. First time applicants will be given consideration over repeat applicants. The Foundation does not fund personal aid technology.

Checks will only be payable to institutions or programs, not to individuals. Generally, the Trustees do not meet with applicants; however, if questions arise, the Trustees may wish to contact the applicant by phone or email. Applicants are notified of the Trustees' decision within two weeks of regular meeting dates. The Foundation Board typically meets in October, January, March, May and June. Also, please note that in order to respond to special circumstances or changing conditions, the Foundation's guidelines may be modified from time to time.

Please send your completed application and direct all inquiries to regarding applications to the following address:

Foundation Board of Trustees – Grant Applications
The Foundation for Maine's Deaf and Hard of Hearing Children
The Maine Educational Center for the Deaf and Hard of Hearing
One Mackworth Island, Falmouth, Maine 04105

The Foundation for Maine's Deaf and Hard of Hearing Children

INDIVIDUAL OR FAMILY GRANT APPLICATION

Applicant's Name:	Date Of Birth:
Address:	Daytime Phone:
	Evening Phone:
Application Completed By/Relationship to Applicant:	Email Address:
Applicant's School Name:	Grade:
School Address:	

Brief Description of Program.

(Please include all of the following information: program name, address, contact person, phone, email, total fee for program and dates. Please also include a program brochure with application.)

Other Funding Resources Accessed.

(Please indicate if funding has been requested from the applicant's school program/school district and the result.)

Please describe why participation in this program is important to the applicant.

Please describe how participation in this program relates to the Foundation's guiding principles.

(Innovative leadership development | Social development | Physical and recreational development | The arts | Independent living | Community service)

Date(s) of Program/Event: _____

Amount Applicant Can Contribute: \$ _____

Amount Requested From The Foundation (after applicant's portion): \$ _____

Has applicant previously received funding from the Foundation? Yes No

The Foundation encourages all applicants to cover a portion of program fees. Describe factors that limit your ability to contribute:

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Additional Contact Information:

If there is a school or education provider you would like the Foundation to contact with regard to the applicant's need for this scholarship, please complete the following information:

Name of Contact Person & Title:	Phone:
Name & Address of School/Institution:	Email:

Consent/Honesty Disclosure Signature

I _____ (parent/guardian if applicant is under age 18), give consent for the Trustees of The Foundation for Maine's Deaf and Hard of Hearing Children, to contact _____ regarding funding for this program.

All information in each portion of this application is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this application. Individuals receiving funding are required to write to the Foundation following completion of the program funded to describe the merit of the experience and I agree to do so.

I give my permission for the Foundation to use quotes from my thank you letter in future Foundation publications or mailings: Yes No

Signature of Applicant
(Parent/Guardian if under 18 years)

Name of Applicant
(Please Print)

Date: _____