Application Deadline: May 1st



Hearing Aid Scholarship Application

(Please PRINT clearly)		
Today's Date:		
First Name:	Last Name:	Birth Date:
Mailing Address:		
City:	_ State:	_ Zip Code:
Phone Number:	May we text me	essage this number? YES NO
Email Address:		
Please answer the following questions:		
1. Do you currently have Heath Insurar If "YES", what is the amount offered for t		any type of benefit for Hearing Aids?
2. Are you a Medicaid recipient in your	r State? YES NO	
3. How many people live in your household?		
4. Are you currently employed? YES NO If "YES", what profession?		
5. What is your annual household income?		
6. Do you currently have hearing aids?		
How old are your current units:What is the make and model:		
Provider Information:		
Clinic Name:	Provider	/Audiologist:
Address:	Office N	umber:
City: State: ZipCode:		

Final Step: Please write a short story about yourself and the expressed need of how hearing aids will help improve your life. Attach a current photo of yourself with the application when you submit it.

website: www.LeapingButterfly.org email: HearingButterflies@gmail.com phone number: 936.520.8991 (text or call)

Your Story

(Attach a current photo of yourself to this page)



Hearing Aid Scholarship Application Check List for submission

Application Deadline for submission is May 1st

☐ Application filled out completely
☐ Short story about yourself and how hearing aids can improve your life
☐ Current Photo of yourself
☐ Most recent audiogram (hearing test)
☐ Follow Leaping Butterfly Ministry on Facebook
☐ Visit our website to request to be added to our Newsletter www.leapingbutterfly.org
Once you have completed all steps listed above, please mail your application to

Leaping Butterfly Ministry

18101 Turning Stream Lane Pflugerville, TX 78660 Attn: Hearing Aid Committee

Or you may scan and email your application to:

HearingButterflies@gmail.com

(be sure to include all required pages in your email)

website: www.LeapingButterfly.org

email: HearingButterflies@gmail.com

phone number: 936.520.8991 (text or call) (Request to speak to Cassie Clark when calling)