



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 message this number? YES NO

Email Address: _____

Please answer the following questions:

1. **Do you currently have Health Insurance Coverage that provides any type of benefit for Hearing Aids?**
If "YES", what is the amount offered for the benefit? _____
2. **Are you a Medicaid recipient in your 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?** YES NO If "YES", please answer the following questions

How old are your current units: _____ What is the make and model: _____

Provider Information:

Clinic Name: _____ Provider/Audiologist: _____

Address: _____ Office Number: _____

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.



Hearing Aid Scholarship Application Check List for Submission

Application Deadline for submission is May 31st

- 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
<https://www.facebook.com/LovingALeapingButterfly/>
- Follow Leaping Butterfly Ministry on Instagram:
<https://www.instagram.com/LBministry/>
- Visit our website to request to be added to our Newsletter
www.leapingbutterfly.org

After completing all steps listed above, please mail your application to :

Leaping Butterfly Ministry
100 Commons Road, Ste. 7-342
Dripping Springs, TX 78620
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)