



## Hearing Aid Scholarship Application

(Please PRINT clearly)

Today's Date: \_\_\_\_\_ Birthday (Day/Month/Year): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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](http://www.LeapingButterfly.org) email: HearingButterflies@gmail.com phone number: 936.520.8991 (text or call)





## Hearing Aid Scholarship Application Checklist for Submission

- 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](http://www.leapingbutterfly.org)

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

**Leaping Butterfly Ministry**  
3267 Bee Cave Road, #108  
Austin, TX 78746-6773  
*Attn: Hearing Aid Committee*

***Or you may scan and email your application to:***

**[HearingButterflies@gmail.com](mailto:HearingButterflies@gmail.com)**

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

**website: [www.LeapingButterfly.org](http://www.LeapingButterfly.org)**

**email: [HearingButterflies@gmail.com](mailto:HearingButterflies@gmail.com)**