

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

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*One Mackworth Island  
Falmouth, ME 04103  
(207) 781-6286 V/TTY*

### **Grant Application Procedures**

The Foundation for Maine's Deaf and Hard of Hearing Children promotes a broad spectrum of educational opportunities and initiatives for Maine's Deaf and hard of hearing children and their families. 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. Priority for funding will be given to children and families served by The Maine Educational Center for the Deaf and Hard of Hearing. **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.

The Foundation does not accept fax submissions. Applicants are notified of the Trustees' decision within two weeks of submission of application, and funds will be disbursed within a month of notification. Also, note that in order to respond to special circumstances or changing conditions, the Foundation's guidelines may be modified from time to time.

**Individuals receiving funding are required to write to the Foundation following completion of the program funded to describe the merit of the experience.**

**Please direct inquiries, requests for application forms, letters and grant requests to:**

James Gemmell, Administrator

The Foundation for Maine's Deaf and Hard of Hearing Children (Birth-21 years)

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 Personal/Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Educational Setting:

School/Preschool Name: \_\_\_\_\_

Grade/Placement: \_\_\_\_\_

School/Preschool Address: \_\_\_\_\_

Application is being completed by: \_\_\_\_\_

*If other than applicant, please provide the following:*

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone or Cell Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Information regarding the program the applicant wishes to attend

Name of Program: \_\_\_\_\_

\_\_\_\_\_

Program Address: \_\_\_\_\_

\_\_\_\_\_

Brief Description of program and dates:

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Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total fee for program: \_\_\_\_\_

Amount applicant can contribute: \_\_\_\_\_

Amount requested for scholarship: \_\_\_\_\_

Please answer each of the following questions on a separate paper:

- Please offer a description of the program. Why is your participation in the program important for you? Please consider the mission of this foundation with your description.
- If application is for a summer program, has the applicant's education team discussed extended year services? If yes, how much is the school district or CDS willing to contribute to the cost of this summer program?
- If the application is for a program during the academic year, has the applicant's education team discussed the program and are they willing to contribute to the cost?
- If no meeting of the applicant's education team has been scheduled, please provide contact information for the applicant's case manager, and written consent that we may contact that person. (See below)
- Is the applicant receiving other financial assistance for this program? If yes, how much, and from where?
- Are there any extenuating circumstances that you feel the Foundation should know about with regards to your application for financial assistance? Is there anything else that you would like us to consider in support of your request?
- Is there anyone you would like the Foundation to contact with regards to the applicant's need for this scholarship? If yes, please provide the name and necessary contact information.

*School or Child Development Services Information:*

Contact Person: \_\_\_\_\_

Consent: I, \_\_\_\_\_, give my consent for the trustees of The Foundation for Maine's Deaf and Hard of Hearing Children to contact \_\_\_\_\_ regarding funding for this program.

Signed: \_\_\_\_\_

*Please read and sign:*

Consent/Honesty Disclosure Signature. 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. I agree to be bound by all the terms and conditions of the Foundation for Maine's Deaf and Hard of Hearing Children Scholarship program should I be selected as a recipient.

Signature of applicant: \_\_\_\_\_

Name of applicant (printed): \_\_\_\_\_

Date: \_\_\_\_\_

To ensure that this application is complete, please review and check the contents before mailing:

1. Application Form
2. Questions Answered on Separate Paper (7 Questions)
3. Brochures or Supplemental Information that would support this request
4. Release Form and Consent/Honesty Disclosure Signature