



# Montana Speech - Language - Hearing Association

...Improving communication skills for life

## OUTREACH FOUNDATION APPLICATION FOR FUNDING

The MSHA Outreach Foundation is supported through MSHA fundraising events and private contributions. It is available to Montana residents of any age in need of monetary support for communication needs (i.e. hearing aids, equipment, etc.). A MSHA member must sponsor you. The money will be sent directly to the service provider.

### To be completed by the applicant:

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

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

Birthdate: \_\_\_\_\_ Parent/spouse (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant had MEDICAID? Yes  No  MEDICARE? Yes  No

Please explain what the financial assistance will be used for: \_\_\_\_\_

Please list other organizations you have requested from and their response: \_\_\_\_\_

Estimated cost of goods/services: \$ \_\_\_\_\_ How much can you pay? \$ \_\_\_\_\_

Other financial assistance (i.e. insurance): \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

*If approved, the MSHA Outreach Foundation may pay on requests up to \$300.*

All grant requests are subject to committee review and availability of funds.

Signatures: \_\_\_\_\_

Applicant

Parent or guardian if applicable

### To be completed by the sponsoring MSHA member:

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

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

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

Applicant's diagnosis: \_\_\_\_\_

Funding will be used for: \_\_\_\_\_

Name and address of service provider: \_\_\_\_\_

**Send completed application to: Leah Jacobsen, Audiologist**

**MSHA Community Outreach Committee**

**632 Skyline Drive NE**

**Great Falls, MT 59404**