

The Jason Cunningham Financial Aid Award

The Jason Cunningham Financial Aid Award was established to provide financial aid to support families of preschool-age children who have been diagnosed with hearing loss. Grants are awarded to assist with expenses associated with pre-school tuition, equipment, and other expenses.

These are one-time awards made generally before or by July 30th. Awards may range from \$500 to \$10,000 per family depending on financial need or tuition cost.

Criteria

To be eligible for this program, applicants must meet all the following criteria:

- Mild to profound with documented unaided audiogram / ABR within the last 12 months.
- The child's fifth birthday must be prior to September 1, 2018.
- The child must not yet be entering the first grade in the 2018 – 2019 school year.
- The child (and primary contact) must reside in the United States as legal citizens.
- By accepting this award, you are agreeing to share how the funds have helped your child continue their education through one or more of the following; a thank you letter to the foundation, a video of your child personally thanking the foundation, and/or be a guest at the Jason Cunningham Golf Classic event.
- Child must stay in the program for the entire school year to have monthly installments paid towards their tuition.

Application Submission Instructions

Please use this as a checklist to help ensure that your application is complete.

- The application must be emailed to: Apply@CunninghamGolfClassic.com. We suggest you save a copy of the application for your records.

Documentation of hearing loss.

- **For children who use hearing aids**, an unaided audiogram performed within the last 12 months with at least 4 responses throughout the Pure-Tone / Speech Frequency Range (500Hz-4000Hz).
- **For children with a cochlear implant**, please include the most recent programming report. If your child uses a cochlear implant and a hearing aid, only a CI programming report is required. In the absence of programming report, an audiogram will suffice.
- **For children who have been diagnosed with Auditory Neuropathy and who do not have a cochlear implant**, please include a report from the audiologist with the original AN diagnosis.

Please Note: Applications that do not provide an audiogram or CI programming report will not be considered for an award, a narrative audiological report in lieu of one of these reports is not acceptable. If you have a question about what the requested audiogram or programming report, please talk with your audiologist.

- One (1) Letter of Recommendation, from a professional who is familiar with your child. This should be from a therapeutic, educational or hearing health professional, such as a speech-language pathologist, listening and spoken language specialist (LSLS), audiologist, early interventionist, early childhood special educator, teacher of the deaf, preschool teacher, etc. The letter should be a maximum of two pages and single-sided.

Please Note: This must be formal letter of recommendation typed on letterhead and signed; meeting reports, reports or report cards, or evaluation notes are not acceptable.

Sample letter at the end of the application to help guide the professionals.

- “The Story” – One (1) Letter of Recommendation from a non-relative who is familiar with the family’s financial need and the family’s story. This could be from your service coordinator through Babies Can’t Wait, a non-relative family friend, etc.

Note: Three separate letters of recommendation from the three different individuals are required for your application to be considered for the scholarship. These letters must be included with your application (not separate) or it will not be considered for the Jason Cunningham Financial Aid Award.

Application Deadline

The deadline for applications is **before 5:00pm EST on June 15, 2018**. All materials must be emailed as **one pdf document in the correct order** sent to Apply@CunninghamGolfClassic.com.

We encourage you to submit your application well in advance of the deadline.

-Faxed applications are not accepted under any circumstances.

-Late and incomplete applications are not considered under any circumstances.

Administrative Process

Once applications have been reviewed for eligibility and completeness, all eligible and complete applications will be submitted to the selection committee for consideration. Ineligible or incomplete applications will be discarded. Once the committee has made its decisions, email notices will be sent to all applicants as to whether their application has been approved for an award. All communications are conducted by e-mail so please be sure to include an e-mail address to receive correspondence.

Application Identifying Information

(Please print clearly or type and review for accuracy an incorrect address will delay or possibly negate any award)

Applicant (child) Name (First, MI, Last): _____

Child's Date of Birth (MM/DD/YYYY): _____

Child's Gender: _____

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Parent/Legal Guardian Name (First, Last): _____

Relationship to child: _____ Legal Guardian: _____

Mailing Address: _____

Email Address: _____

(An email address is required for us to notify you of the status of your application. If you do not have an email address, you may provide the email address of a friend, family member, or professional who is willing to help.)

Has the applicant received any other financial assistance towards tuition? _____

Financial aid amount? _____

How much do you think you can afford to pay towards your child's tuition annually? _____

Application Information (Please type or print clearly)

Does the applicant utilize hearing aids or cochlear implants? _____

If yes, age at which he or she received them? _____

What method(s) of communication is used with your child at home and in therapy?

Check all that apply.

____ Listening and Spoken Language

____ Sign Language System (ASL, Signed English, Finger Spelling, etc.)

____ Other, please briefly describe: _____

Please tell us where your child is presently receiving services for their hearing loss:

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Check all the service(s) below that best describe what your child is receiving or will receive in the coming year and complete the information to the right of each selection.

2018 – 2019 Total Amount Paid by Family

Auditory/Speech-Language Services	\$ _____
Specialized Preschool Program – Katherine Hamm	\$ _____
Private Preschool	\$ _____
Parent/Family Training	\$ _____
Hearing Aids Purchase	\$ _____
Hearing Aid Maintenance	\$ _____
Cochlear Implant Initial procedure / programming	\$ _____
Other Auditory Devices such as FM Systems, Assistive Listening Devices, etc.	\$ _____
Transportation Costs	\$ _____
Other - Physical Therapy, Occupational Therapy, Genetic testing, Out of pocket medical expenses (please describe):	\$ _____

Total number of dependents in your household, including the applicant: _____

Does the applicant receive support from Medicaid or SSI? _____

Please check your **total combined** annual gross household range of income:

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Essay Questions for Parents/Guardians

Your responses may be typed or written clearly and should be limited to the space provided. Please do not attach a separate sheet of paper.

- 1) Describe your family situation. Please include information about children other than the applicant and any challenges that they might have, as well as any extenuating circumstances.

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- 2) Tell us about your child's journey with hearing loss and how it has impacted your family.

3) Briefly describe one of your child's accomplishments of which you are most proud.

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4) If your child is attending or will attend a preschool program, please indicate:

Name of preschool _____ in (city/state) _____

In the space below, briefly tell us about your child's preschool program or other educational environs, focusing on the things you feel are most beneficial for your child. Please do not attach a brochure about the program; we want to hear about it in your words. Please tell us the age of your pre-school child.

Permission for Contact

From time to time, Jason Cunningham Golf Classic committee may wish to contact your family as a follow up to hear about the progress your child has made. We may also wish to feature your child and/or your family on our website for the Jason Cunningham Golf Classic charity, to show the donors how the donations are helping these families/children.

Agreement

I certify that I am the parent/legal guardian of _____ and that, to the best of my knowledge, all information contained in this application is true and accurate. I understand that if my child is selected to receive an award, Jason Cunningham Golf Classic may release general, non-identifying information stating this fact to the media and/or to Jason Cunningham Golf Classic constituents.

Parent/Legal Guardian Signature _____

Date _____

Dear Recommender:

You are receiving this recommendation form on the behalf of _____ who is an applicant for the Jason Cunningham Financial Aid Award for 2018 – 2019 school year. The applicant must meet all the following criteria to be considered for an award.

- The child's hearing loss or Auditory Neuropathy must have been diagnosed before the child's fifth birthday.
- The child's fifth birthday must be prior to September 1, 2018.
- The child must be at least and must not yet be entering the first grade for the 2018 – 2019 school year.

In a letter, preferably on your business or organization's letterhead and a maximum of two single-sided pages, please address the following points about the applicant/applicant family:

- How you came to know the applicant and family and how long you have known them.
- Describe how the family has demonstrated a commitment to facilitating their child's language growth.
 - Tell us what you know about the educational progress of the child, including the "preschool grade" the child will enter in the fall.
- Describe the progress you have seen the applicant make in one or more areas such as language/reading, social/emotional, concepts and motor skills and why you feel the therapeutic and/or educational program the child is enrolled in beneficial for him or her.
- Very briefly and to the best of your ability, describe how the applicant communicates to others.
- Tell us why this applicant's family should be considered for a Preschool Age Financial Aid award.

Your recommendation letter is required for the applicant's application to be completed.

Please return your recommendation letter to the applicant's family as quickly as possible so that they are not disqualified due to a late or incomplete application. Recommendations sent directly/separately to Jason Cunningham Financial Aid Award will not be accepted.