



LEND AN EAR
FOUNDATION

Pediatric Grant Recipient Application

Lend an Ear understands the challenges and financial burden associated with providing the necessary assistive devices for your child's well-being and development. Please print all responses clearly. Application may be submitted via email to lendanearkc@gmail.com or via mail to: 112 Congress Street, Belton, MO 64012.

Child Name: _____ Date: _____

Guardian Name/s: _____ Phone: _____

Current Address: _____

Has the child ever worn hearing aids? _____ If yes please describe: _____

Please tell us about your child's hearing background (diagnosis, challenges, etc.):

How will this scholarship make a positive difference?

Signature of Patient

Signature of Guardian

How did you hear about us? _____

Please support our efforts to continue this service by finding us Facebook, Twitter, and Instagram. We appreciate your support and we look forward to working with you!