

APPLICANT'S INFORMATION

Last name: _____ First name: _____
 Date of birth: ____ / ____ / ____ Health insurance number (RAMQ): _____
 Adresse: _____ Apt.: _____ City: _____
 Postal code: _____ Telephone: _____ Email: _____
 Name of representative (If applicable): _____ Telephone: _____

APPLICANT'S EMPLOYMENT STATUS

Marital status: Single Married or common law spouse Divorced Widow(er)
 Lodging status: Owner Tenant
 Working status Employed: Gross annual revenue: \$ _____ Spouse's gross annual revenue: \$ _____
 Unemployed (Unemployment benefits, welfare, etc.) Retired Student Minor
 Do you have dependent children? Yes: How many? _____ No
 Did you contact other organizations for the same purpose? Yes which ones? _____ No

DETAILS OF APPLICATION

Your application pertains to:

Hearing aids. Specify your needs: _____

Assistive listening devices. Which ones: _____

Professional services. Which ones (Audiological, audioprosthetic, others): _____

Training activities. Which ones (Add contact person's coordinates in attachment): _____

A scholarship. Explain how we can help you (Buying material or equipment, paid apprenticeship, research fund, etc.): _____

DOCUMENTS TO PROVIDE WITH APPLICATION

Please note that incomplete applications will not be evaluated by the Donation Attribution Committee.

- Recent audiogram (Less than 10 months)
- Audiological case history (Provided by audiologist)
- Notice of assessment for previous year (ALL PAGES)
- Notice of assessment of the spouse for previous year (ALL PAGES)
- Municipal tax account if you own your home or condo.
- Presentation letter explaining:
 - your activities
 - your current hearing aids (Model, year, which ear)
 - your needs (How can the Foundation help you?)