



## **REQUEST FOR ASSISTANCE FROM OREGON STATE EAGLES** **HEARING AID FUND**

**\*\*\*FOR CHILDREN AND YOUTHS LIVING IN OREGON 21 AND YOUNGER\*\*\***

**IMPORTANT:**

**AFTER COMPLETING THE FORM, INCLUDING YOUR SIGNATURE, PLEASE EMAIL OR SNAIL  
MAIL THIS FORM TO:**

**OREGON STATE AERIE  
State Secretary  
ATTN: Michael Ward  
125 Williams Ave  
Kelso, WA 98626**

orstatesecretary@gmail  
mikey4022@gmail

**\*\*\*CONFIDENTIAL INFORMATION\*\*\***

DATE: Click or tap to enter a date.

### **PART I**

NAME OF STUDENT: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

AGE: Click or tap here to enter text.

PARENT\GUARDIAN: Click or tap here to enter text.

PARENT\GUARDIAN: Click or tap here to enter text.

TYPE & PLACE OF EMPLOYMENT: Click or tap here to enter text.

HOW MANY SIBLINGS: Click or tap here to enter text.

APPROXIMATE HOUSEHOLD INCOME: Click or tap here to enter text.

IS STUDENT ELIGIBLE FOR INSURANCE OR OTHER GRANTS?: Click or tap here to enter text.

PLEASE STATE ANY SPECIAL CIRCUMSTANCES AFFECTING THIS FAMILY'S NEED FOR ASSISTANCE: Click or tap here to enter text.

## **PART II**

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

TITLE: Click or tap here to enter text.

HEARING AID, MAKE AND MODEL: Click or tap here to enter text.

## **PART III**

### **STATE HEARING AID TRUSTEES' DATES AND APPROVAL**

SW DISTRICT TRUSTEE: Click or tap here to enter text.

DATE: Click or tap to enter a date.

APPROVAL: Choose an item.

**NW DISTRICT TRUSTEE:** Click or tap here to enter text.

**DATE:** Click or tap to enter a date.

**APPROVAL:** Choose an item.

**EASTERN DISTRICT TRUSTEE:** Click or tap here to enter text.

**DATE:** Click or tap to enter a date.

**APPROVAL:** Choose an item.

**OREGON STATE SECRETARY:** Click or tap here to enter text.

**DATE:** Click or tap to enter a date.

**APPROVAL:** Choose an item.

**OREGON STATE TREASURER:** Click or tap here to enter text.

**DATE:** Click or tap to enter a date.

**APPROVAL:** Choose an item.

**NOTES:**

1. MEDICAL CLEARANCE FOR HEARING AID USAGE WILL NOT BE NECESSARY UNLESS AUDIOLOGIST DEEM OTHERWISE. IF MEDICAL CLEARANCE DEEM NECESSARY, PLEASE ATTACH MEDICAL CLEARANCE FORM