



1652 E. Broadway Avenue
Maryville, TN 37804
(865) 977.0981
www.HSFWeb.org

Little Listeners Scholarship

If you would like to apply for financial assistance for Auditory Therapy, complete the following application and return or mail it to the Hearing and Speech Foundation. Please submit proof of household income with the application. Our office is open M-F from 9:00am to 5:00pm.

CLIENT INFORMATION

Client Name _____	Male/Female _____	Date of Birth _____	
Address _____	City _____	State _____	Zip Code _____
Parent/Guardian _____	Employed by _____		
Home/Cell phone _____	Work phone _____		

FINANCIAL INFORMATION

Total Gross Monthly Household Income: \$ _____

Additional Monthly Income: \$ _____

Total Number of Dependents Living in Household: _____

I certify that the above financial information is true to the best of my knowledge and I have enclosed documentation with this application to verify my household income.

Signature _____ Date _____

Please call our office at 865.977.0981 if you have any question regarding fees or therapy.