

## DEAF EDUCATION : EDUCATOR ENRICHMENT

### WHO SHOULD APPLY?

**Educators/administrators of deaf/hard-of-hearing children/teens ages 0-22 (high school completion)**

- Who teach music and arts
- Who teach core subjects, most especially reading and language arts
- Who have facilities, supplies and resources, but are needing additional resources for classroom enrichment

**Aid the Silent considers applications for financial support from educators who work with deaf/hard-of-hearing children/teens ages 2-18**

- On necessary independent speech therapy sessions or American Sign Language lessons
- On language acquisition and literacy
- In the study and performance of music
- In the study and creation of the arts
- Are willing to work in collaboration with Aid the Silent retrieving data
- Are willing to report Aid the Silent on the pre-and post-program implementation to assure its success

## FAQs

### WHEN IS THE DEADLINE?

We have a rolling deadline. You may apply anytime the need arises.

### HOW MANY TIMES CAN I APPLY FOR FINANCIAL SUPPORT AS AN EDUCATOR?

Applications are accepted infinitely on a case-by-case basis.

### ARE THERE ANY GEOGRAPHIC RESTRICTIONS ON WHO CAN BE AWARDED?

While we assist educators all over the United States, the majority of our funding will be awarded to our local communities in Texas. We suggest you apply anyway.

### HOW ARE FUNDS DISPERSED?

Funds are distributed directly to the school or district.

**SUBMIT APPLICATIONS TO: [emmafaye@aidthesilent.com](mailto:emmafaye@aidthesilent.com)**

34910 IH-10 West | Building #701 | Boerne, TX 78006 | [www.aidthesilent.com](http://www.aidthesilent.com)

# EDUCATOR ENRICHMENT PROGRAM APPLICATION

DATE	APPLICANT'S FIRST & LAST NAME	TITLE/POSITION
SCHOOL	DISTRICT	
SCHOOL MAILING ADDRESS	COUNTY	SCHOOL PHONE NUMBER
SCHOOL EMAIL ADDRESS		

**Ages of children you teach:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Do you teach only deaf/hard-of-hearing children?**  Yes  No

**Do you teach children who have additional special needs?**  Yes  No

If so, explain needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you teach children who have behavioral accommodations in place?**  Yes  No

If so, explain accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated number of children served:** \_\_\_\_\_

**Estimated number of children who use ASL to communicate:** \_\_\_\_\_

**Estimated number of children who use spoken language to communicate:** \_\_\_\_\_

**Estimated number of children who use another form of communication:** \_\_\_\_\_

If so, please explain forms used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount requested:** \_\_\_\_\_

**Description of how funds will be used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_