

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 up to twice a year 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

34910 IH-10 West | Building #701 | Boerne, TX 78006 | 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: _____

Demographics (select ethnicity and how many served) **Example:** ✓ Latino/Hispanic 4

- | | |
|---|--|
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Latino/Hispanic _____ |
| <input type="checkbox"/> Native American _____ | <input type="checkbox"/> Hawaiian/Pacific Islander _____ |
| <input type="checkbox"/> Asian American _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> White (not of Hispanic origin) _____ | |
| <input type="checkbox"/> Black (not of Hispanic origin) _____ | |

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: _____

Optional: If you could be granted anything you need in your classroom, what would it be: _____

SUBMIT APPLICATIONS TO: emmafaye@aidthesilent.com

34910 IH-10 West | Building #701 | Boerne, TX 78006 | www.aidthesilent.com