



## **SAA Humanitarian, Education, and Awareness Resources (H.E.A.R.) Chapter Grant Application Information**

**Application Deadline:  
February 1 at Midnight ET**

This funding mechanism is to fund the development of a SAA chapter project that is either a new project or for the refinement of an existing project. The project must be either *humanitarian* in nature (providing service in your community, nationally, or internationally), *educational* in nature (providing professional education to audiology students, audiologists, or to non-professionals), or related to the *awareness* of audiology. Preference will be given to projects which are novel, which have a high likelihood of being completed, and/or which may easily be offered and/or replicated by other SAA chapters.

Grants of \$250, \$500, and \$1,000 are available (with up to 15 total grants being awarded to SAA chapters each academic year). Please note that the local SAA chapter is expected to raise a portion of the budget through their own fundraising activities; specifically the local chapter must raise at least 25% of the amount requested. (For example, to receive a grant of \$500, the proposed project expenditures must be at least \$625).

Only SAA chapters may apply for funding; no awards will be made to individual students.

A committee of audiologists will review application materials, and award notification will be made by April 15 respectively.

If selected, chapters must complete a post-project summary (150 words maximum) detailing the outcome of their initiative. Portions of this summary may be published on the AAA Foundation and SAA websites or newsletters. Recipients may be recognized at AudiologyNOW!

Chapters are required to submit the following:

1. Completed application (attached)
2. Essay: Describe the project to be funded and the timeline for completion. Projects must be either humanitarian or educational in nature, or must promote awareness about the audiology profession. Use this as an opportunity to make a case for your project. Also describe an activity that your chapter has completed successfully in the past. (500 words maximum)
3. A list of chapter members who will participate in the planning and implementation of the project: Please note that any chapter with 100% membership in both the local and national SAA will receive additional consideration as applications are evaluated.
4. Detailed budget: Budgets must be complete, specific, and include a description of the fundraising activity(ies) which the chapter will accomplish to raise 25% of the amount requested.

**NOTE: Please read the submission criteria carefully. ONLY send the information requested above; chapters that send unrequested documentation may be disqualified from consideration.**

For more information, contact Rachael Sifuentes, SAA Operations Manager  
at 703.226.1048 or [rsifuentes@audiology.org](mailto:rsifuentes@audiology.org).

**SAA H.E.A.R. Chapter Grant**  
**Application Deadline: February 1 at Midnight ET**

**Chapter Information**

Chapter Name: \_\_\_\_\_ Chapter City: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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**SAA H.E.A.R. Project Information**

H.E.A.R. Project Title: \_\_\_\_\_ Project Date/Duration: \_\_\_\_\_

Number of students participating: \_\_\_\_\_ Grant amount requested (circle one): \$250 \$500 \$1000

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**Award Information**

If awarded funds, make check payable to: \_\_\_\_\_

Send check to:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

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Yes, I have attached:

Completed application

Essay

List of chapter members who will participate in planning/implementation of project

Detailed budget

Yes, I have read the attached "SAA H.E.A.R. Chapter Grant Application Information" and agree to abide by all terms. I also understand that the AAA Foundation reserves all rights to use the information I provide in this application in any and all promotional materials.

Yes, the information included in this application is correct to the best of my knowledge.

Chapter President Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed application to:**

Rachael Sifuentes, SAA Operations Manager  
rsifuentes@audiology.org  
703-226-1048



Applicants will receive a confirmation of application receipt within 48 hours of submission.