



2017 Dickinson County Hospital Hearing Aid Donation Application

The Dickinson Ear, Nose & Throat Clinic is proud to offer a set of hearing aids (up to a \$6495 value) for a deserving patient.

Sponsored in part by ReSound.

Criteria

- 1) Applicants may apply for themselves or be nominated by someone else.
- 2) The applicant must have hearing loss treatable with hearing aids.
- 3) The applicant must exemplify a history of helping others.
- 4) This application must be filled out in its entirety.
- 5) The applicant agrees to have an evaluation performed at the Dickinson ENT Clinic and attend follow-up sessions that are required for proper care.
- 6) The successful applicant will be selected solely by the appointed committee.
- 7) The Dickinson ENT Clinic will select the type and style of the winner's hearing aids.
- 8) The winner agrees to appear in promotional activities, which may include newspaper, mail materials, and TV to promote the Dickinson ENT Clinic.

Applicant's Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Contact person if someone else is submitting the application:

Name: _____

Relationship to applicant: _____

Telephone: _____

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