



Canadian Hard of Hearing Association  
Association des malentendants canadiens  
SUDBURY BRANCH

## Hear The North Fund Application

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your venue have an existing audio/sound board system? \_\_\_\_\_

Please tell us why you are applying for hearing accessibility assistance and how it will help your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain how you will promote the availability of the assistive listening system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Cost Contribution: Organization: \$ \_\_\_\_\_ CHHA-Sudbury: \$ \_\_\_\_\_

Date Equipment Installed/picked up: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_