SWOSHA Minigrant 2008 Application

Name _____ Home Phone Number_____
Address _____ Work Phone Number _____
_____ (Please Check) SLP ____ Audiologist ____
_____

What piece of equipment, test, or material would you like to purchase?

_____
_____

What other resources have you used to try to purchase these equipment/resources?

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Do you have any other resources you can still try if this grant is not accepted? _____
In what innovative manner do you intend to use this?

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Why should your application be selected?

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Please return by **March 15th** to: Annette Cosgrove
(electronically) annettehaunani@yahoo.com or
(by mail) 6207 Juneberry Court, Liberty Township, OH 45011

*Please use the back of this paper if more space is needed