

SWOSHA Mini-grant 2010 Application

Name _____ Home Phone _____

Address _____ Work Phone _____

(Please circle) 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?

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?

Why should your application be selected?

Please return by February 8th, to Natalie Scheibler
(Electronically) Natalie.scheibler@cchmc.org
(By mail) – 9864 State Road 46, Brookville, IN. 47012