THE HIKE FUND, INC

Hearing Improvement Kids Endowment Fund

Supported by Job's Daughters International®

Website: www.thehikefund.org

APPLICATION INSTRUCTIONS

This application is a Seven (7) page document dated July 2025

1. Pages 2 and 3 of the application is INFORMATION FOR PARENT/GUARDIAN to read and keep...

2. Pages 6 and 7 of the application is the INFORMATION FOR SUPPLIERS/AUDIOLOGISTS to read and keep.

3. Page 4 is the APPLICATION FOR HEARING AID(S) AND/OR ASSISTIVE LISTENING DEVICE(S) and must be filled out completely. You can fill in on-line and then print out.

4. Page 5 is the FAMILY STATEMENT OF INCOME AND EXPENSES and must be filled out completely. You can fill in on-line and then print out.

5. Mail the following to the HIKE Board member listed on the bottom of page 3. Please send U.S. Regular or Priority Mail and DO NOT request a signature. If you request a signature it will delay the processing. Extra postage may apply and application will be returned if postage is not sufficient. Make sure to include the following:
   - ✓ Completed pages 4 & 5
     - Make sure to include the information on who the award check is made out to - verify this information with the Supplier/Audiologist – Note Award checks cannot be made payable to families
   - ✓ Letter from Parents/Guardian requesting Assistance
   - ✓ Copy of last year's Federal Income Tax Return 1040 pages 1 and 2 (*please black out SSNs, Bank Account Numbers and Pin Numbers*)
   - ✓ Copy of recent pay stub(s) for each wage earner (*please black out SSNs*)
   - ✓ Recent Audiogram
   - ✓ Itemized cost quotation from supplier

6. Upon receipt and review of the application, the parent/guardian will receive communication that:
   - the application is complete or
   - the application is incomplete and what is missing or
   - the application is rejected and the reason for rejection

7. If the application is complete, it will be reviewed and if approved, it will be forwarded to the HIKE Board Treasurer.

8. When the funds are available, the awards check will be issued and mailed to the supplier.

9. A Job's Daughter representative may contact you to arrange a ceremonial check presentation. It is important that you and the HIKE Recipient attend if possible as this helps to show our members that their hard work has served to help others. It also helps to motivate them to continue to raise funds for HIKE so other families may benefit from their efforts.

INFORMATION FOR PARENT / GUARDIAN

HIKE is a very special endowment fund, created in 1985 by Job's Daughters International® to provide hearing and/or assistive listening devices to children or institutions in need - Kids Helping Kids. Job's Daughters International® is an organization for young women between the ages of ten and twenty who are related to or sponsored by a Master Mason.

Children under the age of twenty who are U.S. Citizens or children legally residing in the United States, and have not received a previous HIKE Award within the last four (4) years and who have been identified as 1) having a need for a hearing aid(s) or an assistive listening device and 2) having a financial need can benefit from HIKE. Applicants with a documented hearing loss are considered without regard to sex, race, religion, color, or creed. Each application is weighed on its own merit, and the application requires a letter from the applicant's family which is an important part of the application. Considerations include family income, size of household, burdensome medical expenses for the applicant, and the cost of the hearing technology requested.

For a child to be considered, the attached application must be completed. This application must be accompanied by the following documents:

- ☐ **1.** A letter from the parent(s) or guardian(s) explaining the financial need
- ☐ **2.** Statement of Income and Expenses
- ☐ **3.** A copy of last year's Federal Income Tax Return 1040 pages 1 & 2 and the most recent pay stub(s) from each wage earner (parents and/or guardians only) (SSNs and Bank Account Numbers should be blacked out)
- ☐ **4.** A recent (not more than twelve (12) months old) audiogram **AND** a quote from a licensed and/or certified audiologist and/or physician
- ☐ **5.** Gross earned income cannot exceed $125,000.
- ☐ **6.** An itemized cost quotation with total, from the supplier, which must include cost of hearing aid(s) or device(s), cost of ear mold(s), professional fees (evaluation, fitting/dispensing fee, follow up visits, repairs/warranty per year, batteries, and insurance - loss or damage). The maximum of a HIKE Award is $5,000. **Please give your supplier/audiologist the portion of this application entitled, "Information for Supplier/Audiologist".**
- ☐ **7.** Please emphasize to your child's supplier that it is important to provide an address and telephone number in the space provided on the application form. **This must be the address where the check would be mailed.**

Submission of a single, all-inclusive information package allows the process to be completed in an efficient, timely manner. When all parts of the application have been received, consideration for approval begins. If any of the information described above is not included, this will delay consideration. You will be notified of the receipt of your application and of any additional information, if any, that will be required. **Please keep in mind that submission via email may not be secure.** Each application is reviewed initially for general content and may be submitted to the HIKE Board's Audiologist for review.

Please note that we are unable to accept applications for services or devices which have already been purchased.

The entire process of review, approval, and disbursement, depends upon the completeness of appropriate paperwork and the availability of funds for disbursement. You will be notified when the application has been approved and the funds are available. Many suppliers have elected to fit the child as soon as the family receives the notice from The HIKE Fund that they will be awarded a grant.

Funds raised for HIKE are collected almost entirely by members of Job's Daughters across the United States - there are no salaried fund raisers! With the guidance of their adult workers, Job's Daughters seek pledges for "hikes," sell baked goods, participate in duck races, sponsor dinners, and develop many other creative fund-raising ideas to support the work of the HIKE Fund.

Following approval of an application, the awards check will be issued and mailed to the supplier at the address provided on the application. A Job's Daughters representative may contact you to arrange a ceremonial check presentation. It is important that you and the HIKE Recipient attend if possible as this helps to show our members that their hard work has served to help others. It also helps to motivate them to continue to raise funds for HIKE so other families may benefit from their efforts.

Note: The award check is only valid for 90 days from the date written.

If you have questions or would like to have assistance from a representative of Job's Daughters in your area, please contact:

The HIKE Fund, Inc.
c/o Ellen Garrabrant
1511 River View Road
Maidens, VA 23102-2725
Phone: (804) 339-5353
E-mail: applications@thehikefund.org

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APPLICATION FOR HEARING AID(S) AND/OR ASSISTIVE LISTENING DEVICE(S)

To be eligible a child must:

* Be a U.S. Citizen or legally residing in the U.S. * Be under twenty years of age
* Have not received a previous Award in the past four (4) years
* Gross earned income cannot exceed $125,000.00

Please print or type and be sure that your information is legible.

Name of Child: _____ ☐ Male ☐ Female DOB: _____ Age: _____

Name(s) of Parent or Guardian: _____

Address: _____City: _____State: _____Zip: _____

Phone: _____ E-mail: _____

Previous Award? ☐Yes ☐No If Yes, when _____

Referring Physician and/or Audiologist: _____

Address: _____City: _____State: _____Zip: _____

Phone: _____Fax: _____E-mail: _____

Date of last visit: _____

THIS BOX TO BE COMPLETED BY AUDIOLIGST

AWARD CHECK MADE PAYABLE AND MAILED TO:

Supplier/Audiologist: _____

Address: _____City: _____State: _____Zip: _____

Contact Person: _____

Phone: _____Fax: _____E-mail: _____

Supplier Account # _____ _____ Order # _____

Supplier Account # and order # are essential if the supplier is Cochlear Americas

SEND COMPLETED APPLICATION TO:

The HIKE Fund, Inc.
c/o Ellen Garrabrant
1511 River View Road
Maidens, VA 23102-2725
Phone: (804) 339-5353
E-mail: applications@thehikefund.org

PLEASE INCLUDE THE FOLLOWING:

- LETTER FROM PARENTS and/or GUARDIANS REQUESTING ASSISTANCE
- STATEMENT OF INCOME AND EXPENSES
- LAST FEDERAL INCOME TAX RETURN
- COPY OF RECENT PAY STUB
- RECENT AUDIOGRAM
- AN ITEMIZED COST QUOTATION FROM SUPPLIER
- WHO THE AWARD CHECK SHOULD BE SENT

FAMILY STATEMENT OF INCOME AND EXPENSES

Name of Person completing this form: _____

FAMILY SIZE: No. of Wage Earners No. Adults _____No. Children_____

Please attach a copy of last year's Income Tax Return and the most recent pay stub(s) from each wage earner.

MONTHLY INCOME:

Salary/Wage	$ _____
Public Assistance (welfare, food stamps, etc.)	_____
Social Security benefits	_____
Rental Income	_____
Investment Income	_____
Alimony/child support	_____
All other sources of income or Assets _____	_____
_____	_____
Total MONTHLY INCOME from all sources: (Gross annual income cannot exceed $125,000)	$ _____

MONTHLY EXPENSES:

Mortgage/rent Payment(s)	$ _____
Automobile/other vehicle payments	_____
Utilities	_____
Clothing	_____
Insurance (Health/Life/Auto)	_____
Other health care payments	_____
Other	_____
Other	_____
Other _____	_____
Total EXPENSES	$ _____

Are you awaiting funding from another source? If YES, what amount $_____

From What Organization?

The financial information provided above is, to the best of my knowledge, accurate and complete. It includes total monthly income from all sources.

_____ _____

Applicant, Applicant's Parent/Guardian Date

INFORMATION FOR SUPPLIERS/AUDIOLOGISTS

THE APPLICATION PROCESS:

HIKE Bylaws require that the supplier submit a cost quotation which is itemized and includes, but is not limited to, the following information:

1. Cost of hearing aid(s) and/or assistive listening device(s)
2. Cost of ear mold(s)
3. Batteries
4. Professional fees (evaluation; fitting/dispensing; follow-up, per visit)
5. Repair warranty, per year
6. Insurance for loss and/or damage
7. Other items
8. Who the Award Check is made payable to (Supplier/Audiologist)

The quotation must be submitted on official letterhead and should include the name of a contact person who is familiar with the applicant's case. When possible, it is helpful to list phone numbers for the contact during daytime or early evening hours, as some inquiries take place after normal business hours.

Please give this quotation to the parent or guardian making the request to include with other documents required for application. Submission of a single, all-inclusive information package allows the process to be completed in an efficient, timely manner.

Each application is reviewed initially for general content and may be submitted to the HIKE Board's Audiologist for review. If there are questions concerning the quotation you may be contacted.

Please note that we are unable to accept applications for services or devices which have already been purchased.

THE AWARD PROCESS:

The entire process of review, approval, and disbursement depends upon the completeness of appropriate paperwork and the availability of funds for disbursement. The family of the recipient is notified immediately when the application has been approved, and many suppliers have elected to fit the child as soon as the family receives the notice from The HIKE Fund.

Following approval of an application, subject to the availability of funding, the awards check will be issued and mailed to the supplier at the address provided on page 3 the application.

Thank you in advance for your cooperation in submitting the necessary information for the cost quotation. Applications are processed as quickly as possible so that, if at all possible, no child in need will go without assistance. If you wish to contact the HIKE Board First Reader, email: applications@thehikefund.org or please contact The HIKE Executive Secretary, email: executivesecretary@thehikefund.org.

Checks are made payable to the supplier/audiologist and are good for 90 days from the day of issue.

INFORMATION ABOUT THE HIKE FUND, INC.

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Dedicated individuals from throughout the United States serve without compensation on the Board of Directors. Proudly, our operating expenses have historically been less than five percent of total income. In recognition of this service and our designation by the Internal Revenue Service as a 501(c)(3) organization, some suppliers have provided equipment at discounted rates and others have waived portions or all their usual, customary fees.