



# Gift of Hearing Nomination Form

1829 E. Franklin St., # 200A, Chapel Hill, NC 27514  
919-968-7556

If you or a loved one are over the age of 21 and feel you could benefit from a pair of hearing aids at no cost, please submit your nomination for the Gift of Hearing Award:

**Nominee Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Nominee Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Please write a paragraph explaining why you believe you or your nominee should receive the "Gift of Hearing". You may attach another page to complete your paragraph if necessary.**

---

---

---

---

---

**Your Name/Relationship to Nominee:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Recipients will be selected by our Gift of Hearing panel based on communication need (determined by hearing level, professional or educational necessity, impact on quality of life and compelling story).**

**[Financial information is NOT requested or required.](#)**

**Deadline for submission is December 21, 2018.**

Submit this form via:

**EMAIL:** [hearingsolutionstriangle@gmail.com](mailto:hearingsolutionstriangle@gmail.com) **FAX:** 919-928-5507 **MAIL** to office address above