

The Campbell McLaurin Foundation
for hearing deficiencies

Introduction

Campbell McLaurin was Chief Justice of the Trial Division of the Alberta Supreme Court and the first Chancellor of the University of Calgary. He was appointed to Alberta's Supreme Court in 1942 and named Chief Justice of the Trial Division in 1952. He retired in 1968 and passed away in April of 1981.

The Campbell McLaurin Foundation for Hearing Deficiencies is a private charitable foundation established by the generous bequest made by Chief Justice McLaurin in his will with an objective of assisting people of lower income with hearing deficiencies.

Application Guidelines/Criteria

Enclosed is an application form from the Campbell McLaurin Foundation. Please follow all the steps below to avoid delays:

1. If you are requesting assistance to purchase a hearing aid, we require that you see a Clinical Audiologist for your hearing test and assistance in the selection of equipment appropriate for your hearing loss. If this hearing aid is your first, we require a letter from a medical practitioner giving clearance for trial amplification. A quote for the hearing aid(s) along with a copy of your hearing test must be submitted to our office.
2. Along with the application form, **copies** of the following documents are required (Note: At least one document must show the applicant's home address):
 - a) **Verification of monthly family income** (for both you and your spouse, if applicable; acceptable documents include: 2 recent paystubs, bank statements showing payroll or pension deposits, or a copy of your Health Benefits card if receiving AISH).
 - b) **Last year's income tax assessment** (showing line 150).
 - c) **Rent receipt or mortgage papers** (or bank statement showing payment).
 - d) **Recent gas or electricity bill** (indicate if included in rent).
 - e) **Alberta Health Care card.**
3. Most applications submitted with all documentation will not require an interview. If we have any questions, you will be contacted. In most cases approval takes 4 to 6 weeks. You may be asked to make a contribution toward the cost of your equipment. Once approved, an award letter will be sent to you via mail.
4. Within 60 days of receiving your hearing aid, you will be required to return to your audiologist to sign a Satisfaction Certificate indicating the aid(s) are working appropriately for you. A copy of this certificate is to be sent by your supplier along with the invoice for payment.

Please mail or fax the completed application form along with all requested documents to our office. If you have any questions or concerns, please do not hesitate to contact us.

Campbell McLaurin Foundation
Attention: Charlotte Chesnut
1120, 105 12th Avenue SE
Calgary, AB T2G 1A1
Phone: 403-264-0211 | Fax: 403-233-0513
charlotte.chesnut@burnsfund.com

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Applicant Information:

NAME

ADDRESS

POSTAL CODE

CITY/TOWN

HOME PHONE NUMBER

CELL PHONE NUMBER

WORK PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (DAY/MONTH/YEAR)

OF YEARS IN CURRENT CITY/TOWN

MARITAL STATUS

DISABILITY

DEPENDANTS (NAMES AND AGES):

APPLICANT'S OCCUPATION
(COMPANY AND POSITION OR SCHOOL)

SPOUSE'S OCCUPATION
(COMPANY AND POSITION OR SCHOOL)

Medical Information:

NAME OF FAMILY DOCTOR

NAME OF EAR, NOSE & THROAT DOCTOR

NAME OF AUDIOLOGIST

DO YOU HAVE INSURANCE COVERAGE FOR HEARING DEVICES (AADL OR PRIVATE?)

NAME OF INSURANCE COMPANY AND AMOUNT COVERAGE:

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Financial Situation:

FIXED MONTHLY EXPENSES

RENT / MORTGAGE	\$
TELEPHONE	
UTILITIES	
NATURAL GAS	
FOOD	
VEHICLE COSTS	
BUS PASSES / TAXI COSTS	
DAY CARE / BABYSITTING	
MEDICAL	
EDUCATIONAL	
HOUSEHOLD	
CLOTHING	
SPECIAL SERVICES	
INSURANCE: HOME/VEHICLE	
BLUE CROSS	

DEBTS/LOANS

TYPE	TOTAL OWED	MONTHLY PAYMENT
		\$

OTHER

	\$

TOTAL FIXED MONTHLY EXPENSES:	\$
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FIXED MONTHLY INCOME

NET INCOME	\$
SELF	
SPOUSE	
CHILD TAX BENEFITS	
E.I. BENEFITS	
PENSION (SPECIFY)	
MAINTENANCE	
A.I.S.H.	
OTHER	

ASSETS

VALUE

VEHICLES:		\$
REAL ESTATE		
MORTGAGE OWING		
R.R.S.P.		
SAVINGS		
OTHER		

TOTAL FIXED MONTHLY INCOME:	\$
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HAVE YOU PREVIOUSLY RECEIVED A GRANT FROM CAMPBELL MCLAURIN FOUNDATION? _____

IF YES, IN WHAT YEARS? _____

Nature of Request:

EQUIPMENT TYPE: _____

EXPLAIN: _____

DO YOU HAVE EQUIPMENT NOW? _____

EXPLAIN: _____

ESTIMATED AMOUNT OF REQUEST: _____

EQUIPMENT SUPPLIER: _____

Declaration of Applicant

I hereby make my application for financial assistance from the Campbell McLaurin Foundation; and I declare that:

- a) Any assistance awarded will be used only for the intended purpose of the grant;
- b) If my circumstances as outlined in this application should change during the granting process, I will notify the Campbell McLaurin Foundation;
- c) I have truthfully and fully disclosed my financial situation to the best of my knowledge and give permission to the Campbell McLaurin Foundation to verify my circumstances;
- d) I consent to the disclosure and release by the Campbell McLaurin Foundation of any information relevant to and required for the process of my application for assistance;
- e) I give my expressed consent to be contacted via email by the Campbell McLaurin Foundation (If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com);
- f) I make this declaration conscientiously believing it to be true, and of the same force and effect as if made under oath.

SIGNATURE OF APPLICANT

DATE

THE CAMPBELL MCLAURIN FOUNDATION FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY