



State of Arizona Department of Education
Empowerment Scholarship Account

CONFIRMATION OF DEAF OR HARD OF HEARING

Confirmation of parent being deaf or hard of hearing is required for a student to qualify for the Empowerment Scholarship Account under the category of a child of a parent who is deaf or hard of hearing pursuant to Arizona Revised Statutes (A.R.S.) § 36-1941. The Arizona Revised Statutes, § 36-1941, currently defines deaf or hard of hearing as follows:

2. "Deaf" means those persons who cannot generally understand speech sounds with or without a hearing aid when in optimal listening conditions.
3. "Hard of hearing" means those persons who have a degree of hearing loss greater than 40dB PTA-2, but less than 85dB PTA-2, in the better ear.

Applicant/Patient:

Name: _____ Date of Birth: _____

Address: _____

Hearing Loss in Decibels Rt: _____ Lft: _____

Deaf Yes No

Hard of Hearing Yes No

Certifying Authority:

I certify that _____ is Deaf Hard of Hearing, as specified in the Arizona Revised Statutes definition quoted above.

(Signed) _____ (Date) _____

(Title) _____

Please attach your business card or print/type your name, profession, address, and phone number here:

(Name) _____

(Profession) _____

(Address) _____

(Phone Number) _____