



INDIVIDUAL Grant Application

Individual's Name _____ Phone # _____

Address _____

City, State, Zip _____

Parent/Guardian (if applicable) _____ Contact # _____

SPONSOR

Program (circle): SSA QDD FSS EI Other

Sponsor's Name _____ Phone # _____

REQUEST

Service or Equipment Requested _____

Total Cost of Service or Equipment _____ Please provide sources (quote, receipt, proof of cost) for expense.

Grant Amount Requested _____ Please provide explanation for this amount.

If already paid for/purchased provide an explanation for why this was done before requesting funds.

Have you requested funding from other sources? (circle) Yes No If yes provide the following:

Amount	Source	Date you expect to hear back
--------	--------	------------------------------

_____	_____	_____
_____	_____	_____

Have you asked for or received funding from The Metzenbaum Foundation in the past? (circle) Yes No

Do we have permission to share your story and/or photographs? (circle) Yes No

You must provide a report six months after the grant is confirmed. A form will be provided.

Please provide history, background and/or need on the back of this sheet.

