



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.

