

Kelly S Brush Foundation Inc.
Individual Grant Application



Mail completed application to:

Kelly Brush Foundation
Executive Director
7 Aspen Drive
South Burlington, VT 05403
www.kellybrushfoundation.org

Application Instructions and Requirements:

- Individuals may only apply for adaptive sports or recreational equipment (eg. monoski or handcycle). The purpose of the grant is to encourage spinal cord injury survivors to participate in adaptive sports and recreational activities. Applications requesting other types of adaptive equipment will not be considered.
- Individuals applying for a grant must be a citizen of the United States of America.
- Applicants must complete all questions on the application in order to be considered for a Kelly Brush Foundation Individual Grant. A complete application includes contact information and estimates of cost from at least two suppliers for the equipment requested in the application.
- Application must be typed.
- Please include your first and last name on all attachments.
- Please be sure to sign and date your application before mailing.
- All grant applications are reviewed and awarded two times a year, in October and April.

Kelly S Brush Foundation Inc. Individual Grant Application

To complete form, type your responses and hit the TAB key to move to the next box. The spaces will expand as you type. All applications do need to be signed.

Date: _____

Name: _____

Amount of funding for which you are applying: \$ _____

Equipment for which you are applying: _____

Annual Household Income: \$ _____

Address: _____

City: _____ State/Province : _____

Zip/Postal Code: _____

Daytime Phone Number (please include area code): _____

Evening/ Alternative Phone Number (please include area code): _____

E-mail: _____

Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____

Date of Injury: _____

Level of Injury: _____

Cause of Injury: _____

How did you hear about the Kelly Brush Foundation Individual Grant Program?

Would you be interested in hearing about upcoming Kelly Brush Foundation events? *Use your mouse to click in the appropriate box or hit the ENTER key.*

Yes

No

**Kelly S Brush Foundation Inc.
Individual Grant Application**

- 1) Please describe the degree of your disability and how it affects your everyday life.

- 2) **Financial Information:**

What is your annual household income? \$_____
- Describe your sources of financial support. _____
Please attach a copy of two previous years of Federal Tax Returns.
- 3) Describe any other factors that you wish to be taken into consideration (health factors, living arrangements, family issues etc.).

- 4) Please give a detailed description of the adaptive sports/recreational equipment for which you are applying. Please include the manufacturer's name, model number (s), and any other additional information that will help identify the piece of equipment. You may also attach a picture.

- 5) Do you currently have any adaptive sporting equipment? Yes: No:
- 6) If yes,
a. What is it? _____
b. When did you purchase it? _____
c. Did you receive any financial aid to purchase the equipment? If so, from what organization? _____
- 7) Have you applied for any other financial aid in order to acquire this current piece of adaptive equipment? Yes: No:
- 8) If yes,
a. What did you apply for and from which organizations? _____
b. What is the status of this/these application(s)? _____
- 9) How do you currently stay active? _____
- 10) If granted this equipment, how often would you use it? _____

**Kelly S Brush Foundation Inc.
Individual Grant Application**

11) What, if any, are the limitations to your use of this equipment? _____

12) Please give a brief explanation of how the equipment for which you are applying would impact your life.

13) Additional comments:

**Kelly S Brush Foundation Inc.
Individual Grant Application**

In order to be considered for a Kelly Brush Foundation Individual Grant, applicants must provide written estimates for the cost of the equipment. Please provide the names, addresses and phone numbers of at least two companies you have contacted and their written estimates of complete costs for the equipment requested. *Incomplete applications will not be considered.*

(1)

Company: _____
Contact Name: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____
Phone: _____ Web Address (if any): _____
Estimated Cost (Written Estimate Attached): _____

(2)

Company: _____
Contact Name: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____

Phone: _____ Web Address (if any): _____

Estimated Cost (Written Estimate Attached): _____

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below:

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____