

**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](http://www.kellybrushfoundation.org)

**Application Instructions and Requirements:**

- Individuals may only apply for adaptive sports or recreational equipment (ie. 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.

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

---

**Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province :** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**Daytime Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Evening/ Alternative Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**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?**

**Yes**

**No**

EIN # 20-4560423

Name : \_\_\_\_\_

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

---

*-- If you require more space, please attach additional sheets; include your name on all attachments --*

**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.**

EIN # 20-4560423

Name:

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

---

**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.**

# Kelly S Brush Foundation Inc. Individual Grant Application

Name: \_\_\_\_\_

**(5) 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): \_\_\_\_\_

EIN # 20-4560423

Name:

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

---

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

**7) Additional comments:**

EIN # 20-4560423

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

---

**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:** \_\_\_\_\_