

**ITALIAN CATHOLIC FEDERATION**

“REACHING OUT”

TO THE  
DEVELOPMENTALLY DELAYED/  
DISABLED PEOPLE

**GIFTS OF LOVE FOR  
“SPECIAL PEOPLE”**



**FOSTERING GREATER INCLUSION OF  
PERSONS WITH DISABILITIES  
IN OUR COMMUNITIES**

## **OPPORTUNITIES FOR SUCCESS**

The purpose of this fund is to provide grants, and to identify and develop academic, athletic, vocational and creative arts skills that may advance individuals with a disability, towards greater independence. Grants are available to individuals so they may participate in formal instruction or training, or for non-profit agencies and educationally-focused institutions to identify and refer individuals with a disability for formal instruction or training.

### **FUND DESCRIPTION**

Funds allocated will go to individual applicants and/or non-profit agencies and/or educationally-focused institutions. Grant range will be determined.

### **WHO MAY APPLY**

Grants are available to:

Any individual with a disability who desires formal instruction or training in a particular vocation, academic, athletic or artistic field.

Any qualified instructor on behalf of an individual with a disability who exhibits a particular skill to be developed and who desires formal instruction or training.

Any adult with custodial responsibility for, and on behalf of, an individual with a disability who exhibits a particular skill to be developed and who desires formal instruction or training.

### **DISABILITY DEFINITION**

For the purposes of this fund, "individuals with a disability" means those individuals having mental retardation, hearing impairments, speech and language impairments, visual impairments, emotional disturbances, orthopedic impairments, autism, traumatic brain injury or other health impairments, specific learning disabilities or multiple disabilities who, because of their needs, require special education or related services.

**OPPORTUNITIES FOR SUCCESS  
GRANT PROGRAM APPLICATION**

**APPLICANT (Check one)**                      **AMOUNT REQUESTED** \_\_\_\_\_

- Instructor of Person with Disabilities
  
- Parent/Guardian of Child/Youth with Disabilities
  
- Children/Youth with Disabilities
  
- Adult with Disabilities

**APPLICANT INFORMATION** (Please Fill Out Completely)

Date \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_

**AVERAGE ADJUSTED GROSS INCOME FROM FEDERAL INCOME TAX FOR  
THE LAST THREE YEARS: (Must Be Circled)**

<b>Less than \$10,000</b>	<b>\$10,000 - \$15,000</b>	<b>\$15,000 - \$20,000</b>
<b>\$20,000 - \$25,000</b>	<b>\$25,000 - \$30,000</b>	<b>\$30,000 - \$35,000</b>
<b>\$35,000 - \$40,000</b>	<b>\$40,000 - \$45,000</b>	<b>\$45,000 - \$50,000</b>
<b>\$50,000 - \$55,000</b>	<b>\$55,000 - \$60,000</b>	<b>\$60,000 - \$ _____</b>

Please describe any unusual expenditures/responsibilities that affect your financial standing:  
e.g. unusual medical bills, care of aged parents, etc. (Use a separate sheet of paper, if  
necessary).

---

---

---

---

**Please circle your disability(ies).**

ADD/ADHD	Mental Retardation	Spina Bifida
Amputee	Multiple Sclerosis	Spinal Cord Injury
Autism	Muscular Dystrophy	Traumatic Brain Injury
Cerebral Palsy	Orthopedic Impairment	Visual Impairments/Blindness
Emotional Disturbance	Specific Learning Disability	Other Health Impairment
Hearing Impairment/Deafness	Speech/Language Impairment	_____

**Please give a complete explanation of your disability(ies).** (Use a separate sheet of paper, if necessary).

---

---

---

**Please answer the following question as completely as possible.**

This grant program awards funds to individuals with disabilities to lead fuller, more independent lives, and to find greater inclusion within their communities. How do you intend to use grant funds, if awarded, to assist you with your disability and/or further these goals? (Use a separate sheet of paper, if necessary).

---

---

---

---

---

---

---

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature  
(if applicant is a minor)

**Please send signed and completed application to:**  
**Italian Catholic Federation**  
**8393 Capwell Drive, Suite 110**  
**Oakland, CA 94621**  
**(510) 633-9058 1-888-423-1924**