ITALIAN CATHOLIC FEDERATION

“REACHING OUT”

FOSTERING GREATER INCLUSION OF PERSONS WITH DISABILITIES IN OUR COMMUNITIES

GIFTS OF LOVE FOR “SPECIAL PEOPLE”

(Rev. July 2015)
OPPORTUNITIES FOR SUCCESS

The purpose of this fund is to provide grants (non-tuition based) that may advance “individuals with a disability” towards greater independence.

DESCRIPTION OF ELIGIBILITY

Funds may be allocated to the following: individual applicants, non-profit agencies and educationally-focused institutions. Grant range will be determined by the Gifts of Love Committee.

DEFINITION OF DISABILITY

For the purposes of this fund, “individuals with a disability” are those individuals who are intellectually challenged, have a hearing, speech, language or visual impairment, orthopedic impairment, emotional disturbance, autism, traumatic brain injury, specific learning disability, other health impairments or multiple disabilities. “Individuals with a disability” because of their needs, require special or specific aids or “tools” in order to complete their education, training or the pursuit of a fuller life.

(Rev. July 2015)
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
☐ Non-Profit Agency Focused on Disabilities

APPLICANT INFORMATION (Please Fill Out Completely)

Date______________________ Birthdate_________________ Age____________

Applicant’s or Guardian’s Name______________________________

Phone Number__________________ E-mail__________________________

Address_________________________________________________________________

City___________________________________ State________  Zip_________________

Applicant’s Employer___________________________________________________

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

Less than $10,000 $10,000 - $15,000 $15,000 - $20,000
$20,000 - $25,000 $25,000 - $30,000 $30,000 - $35,000
$35,000 - $40,000 $40,000 - $45,000 $45,000 - $50,000
$50,000 - $55,000 $55,000 - $60,000 $60,000 - $__________

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).

________________________________________________________________________

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(Rev. July 2015)
Please circle your disability(ies).

<table>
<thead>
<tr>
<th>Disability</th>
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</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
</tr>
<tr>
<td>Intellectually Challenged</td>
</tr>
<tr>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Amputee</td>
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<tr>
<td>Multiple Sclerosis</td>
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<tr>
<td>Spinal Cord Injury</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Muscular Dystrophy</td>
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<tr>
<td>Traumatic Brain Injury</td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>Visual Impairments/Blindness</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td>Other Health Impairment</td>
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<tr>
<td>Hearing Impairment/Deafness</td>
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<tr>
<td>Speech/Language Impairment</td>
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</tbody>
</table>

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

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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

(Rev. July 2015)