

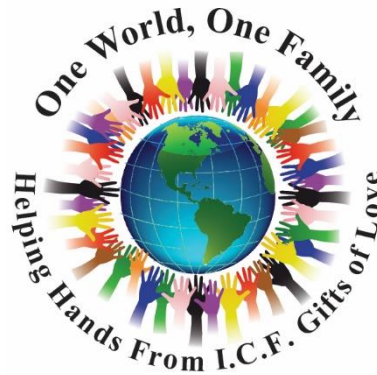


ITALIAN CATHOLIC FEDERATION

“GIFTS OF LOVE”

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

GRANT PROGRAM APPLICATION



(Rev. July 2022)

GIFTS OF LOVE

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 of the I.C.F.

DEFINITION OF DISABILITY

For the purpose 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 (non-tuition based), training or the pursuit of a fuller life.

GRANT PROGRAM APPLICATION

APPLICANT (Check one) **AMOUNT REQUESTED** _____

- Instructor of Person with Disabilities
- Parent/Guardian of Child/Youth with Disabilities
- Child/Youth with Disabilities
- Adult with Disabilities
- Non-Profit Agency Focused on Disabilities

APPLICANT INFORMATION (Please Fill Out Completely)

Date _____ Birth Date _____ Age _____

Applicant's or Guardian's Name _____

Phone Number _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Applicant's Employer _____

Please check your disability(ies).

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Intellectually Challenged | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairments/Blindness |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech/Language Impairment | Please Detail: _____ |
| <input type="checkbox"/> Hearing Impairment/Deafness | | _____ |

Please describe any unusual expenditures/responsibilities that affect your financial standing.
For example: unusual medical bills, care of aged parents, etc.

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 the grant funds, if awarded, to assist you with your disability(ies) and/or further these goals? Please include vendor quotes, if available. (Use a separate sheet of paper, if necessary).

Please give a complete explanation of your disability(ies). You may include current Doctorø (or other) diagnostics and recommendations. These are helpful and may be provided on a voluntary basis. (Use a separate sheet of paper if necessary.)

Applicantø Signature

Parentø/Guardianø 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 • (510) 633-9758 (fax) • www.icf.org