

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.

**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).

Please circle your disability(ies).

ADD/ADHD	Intellectually Challenged	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**

(Rev. July 2015)