



Grant Application

All application questions must be completed to be considered for a grant. Failure to complete all questions may result in your application not being reviewed for consideration.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

Name of your child with special needs: _____

How old is your child? _____

What are you seeking grant for? (Therapy, Equipment, other)

Is the request for a medically prescribed item or an item that would be considered quality of life request? (Please check one)

Medically Prescribed

Quality of Life

Is this the first time you are seeking funds for this item?

Yes No

If no to the question above, do you already have a similar piece of equipment that you wish to replace / upgrade?

Yes No

Please tell us how much money you are requesting through the Special Angels Foundation Grant Program. _____ (Please enter dollar amount here)

Why is funding for this important to you and your family? (Please attached additional sheet of paper if you require more space to answer this question.)

By signing below, you agree that should you be awarded a grant from Special Angels Foundation that you grant permission to Special Angels Foundation to use your story/picture in print and electronic marketing and communication tools.

Signature

Date

Please send completed form to: Special Angels Foundation, Inc.
4195 Chino Hills Parkway #373
Chino Hills, 91709



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