



"Because Everyone Needs a Little Grace"

439 N Irving Ave Hillside, IL 60162

Dear Applicant,

For The Grace Of operates towards a simple mission, to provide individuals with disabilities and their families with opportunities to enhance their quality of life through the creation of scholarships, friendship through social gatherings, and support for individuals to share their experiences.

The scholarships we provide are awarded through an application for a specific tangible item. **For The Grace Of will not provide a monetary award to any applicant.** On the attached application you will be asked to identify the type of item you are seeking. Items may include, but are not limited to, assistive technology, service animals, adapted sports equipment, and mobility devices. After identifying the type of item you are seeking you will be asked to provide specific information regarding the specific type, brand, and cost range of the item.

Upon receipt of your application a member of the For The Grace Of team will contact you to discuss the application and learn more about your individual circumstance. Please note that applicants are selected on a quarterly and annual schedule and applications will be considered for the next awarding date. Additionally, awards are contingent on available funds; therefore, it may not be possible to award all applicants. For The Grace Of will retain the application for one year from the date of application and will continue to work with the individual to help meet their unique needs.

Thank you for contacting For The Grace Of. We look forward to working with you and your family to help you continue to lead your life to the fullest.

Sincerely,

FTGO Board



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Date of Application ____/____/____

**Scholarship Application
(Part 1)**

Applicant Name: _____
(Last Name) (First Name) (MI)

Applicant Date of Birth: ____/____/____

Applicant Address: _____
(Address) (Street) (City) (State) (Zip Code)

Applicant Phone Number: _____ **Email:** _____

Please choose the category (s) that best describes the type or device or item you are requesting.

Assistive Technology Service Animal Adapted Equipment Mobility Device

How did you hear about us? Social Media Word Of Mouth Other _____

Please provide a specific description of the item or device you are requesting and estimated cost:

Thank you for completing the scholarship application. Please mail application to the address listed above. Upon receipt of this application, you will be contacted by a member of For The Grace Of in order to discuss the next steps and gather additional information. Please know that the applications are reviewed and awarded quarterly based on available funds. If your application is not awarded, it will remain active for 1 year. You will be notified on the status of your application.





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Date of Application ____/____/____

**Scholarship Application
(Part 2)**

Please provide a brief explanation as to how the item or device you are requesting will make an impact on you or your family member. How will this item or device will provide them with a greater opportunity to enrich their life or lives of others?



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Date of Application ____/____/____

RELEASE FOR USE OF PHOTOGRAPHY AND VIDEO

For good and valuable consideration, the receipt of which is hereby acknowledged, I _____ hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by For The Grace Of to reproduce and use said photographs and recordings of my voice, for use in marketing and may include, but not limited to: website, brochure, business cards, newsletters, etc. Further, I understand that others, with or without the consent of For The Grace Of may use and/or reproduce such photographs and recordings.

If recipient is under 18 or is under a guardianship: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____ Legal Guardian Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

