



## The DAC Education and Resource Endowment Grant

The Disability Action Center is pleased to announce the establishment of our Education and Resource Fund through Your Community Foundation (YCF). Establishment of this fund will provide grants and funding for education, scholarships and resources for individuals with disabilities for years to come.

The Disability Action Center Education and Resource Fund Endowment will focus on three areas of giving and support:

- The Assist Award Scholarship given yearly to special needs graduates in Marion County Schools (separate from the grant process);
- Educational needs of individuals with disabilities and their families; and
- Resources for individuals with disabilities and their families to include home modifications, assistive technology, personal development, trainings and support services.

Criteria to receive grant funding:

- Applicants for Mini grants must be out of school Adults (over the age of 18 and out of school) who are Members of the DAC.
- Applicants can apply as many times as needed but can only receive funding once every three years. This limit is per client and not per family so multiple family members can receive funding in different years.
- All applications must be complete and include a letter of recommendation or support from a provider, teacher, family member, worker who can verify the need.
- The applicants must agree to follow-up, providing receipts, and documentation of appropriate use of funds.
- Funding priorities in order are as follows:
  1. Education and Employment Need
  2. Home Modification or Independent Living Need
  3. Assistive Technology
  4. Training, Resource, or Support

As limited funds are available through the DAC Education and Resource Endowment Fund, grant applications are highly competitive and all applications must be completed entirely. Guidelines for funding are very specific and will be followed without exception. Please pay close attention to the yearly funding maximum when making your request.

**The DAC Education and Resource Endowment Grant Application-2017  
Funding Request Maximum \$250**

**Personal Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_ Legal Guardianship? Yes/No \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Do you have a disability? If yes, Please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you receiving Social Security? SSI or SSDI and Amount? \_\_\_\_\_

Individual/House household yearly income?

\_\_\_\_\_ \$0-\$10,000/year

\_\_\_\_\_ \$10,001 to \$25,000/year

\_\_\_\_\_ \$25,001 to \$50,000/year

\_\_\_\_\_ Over \$50,000/year

What DAC activities or programs are you actively involved in? \_\_\_\_\_  
\_\_\_\_\_

What other organizations or activities do you participate in? \_\_\_\_\_  
\_\_\_\_\_

**Education Information:**

High School \_\_\_\_\_ Did You Graduate \_\_\_\_\_

Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_ Did you have an IEP? \_\_\_\_\_

**Employment Information (Please include volunteer positions)**

1. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

2. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

**Amount Requested from the DAC Education and Resource Grant?** \_\_\_\_\_

1. What is the purpose of the grant request? What will you use the grant funds for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please explain the need for the grant request? Why do you need the funding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why should the DAC provide you with grant funding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you providing funding of your own or from another source along with this grant request?  
Please Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgements: Please check:**

\_\_\_\_\_ I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_ I agree, if awarded, to use grant funds for the purpose described in this application.

\_\_\_\_\_ I agree, if awarded, to comply with all grant requirements including providing receipts and documentation of fund use.

\_\_\_\_\_ I understand that that the Disability Action Center documents can document grant recipients in a photographic and media archive wherein my photograph may be used in brochures, websites, social networking sites, promotional materials, and other print materials.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Auditory application, alternate formats and assistance with completing the application is available upon request.**

Completed applications, including letter of recommendation, and estimates (when applicable) must be returned to The Disability Action Center, 102 Benoni Ave., Fairmont WV 26554, by \_\_\_\_\_. You may also email applications to [jsole@disabilityactioncenter.com](mailto:jsole@disabilityactioncenter.com). If you have any questions, please call Julie Sole at (304) 366-3213. Grant awards will be announced\_\_\_\_\_.