



This grant application is for the limited use by individuals who have survived brain injury and is intended to be used to make a specific request for goods, services, or funding from the Alamo Head Injury Association (AHIA). Funding for special needs such as medical, rehabilitation, educational, social and recreational will be considered. **Funding limit is \$500 per 12-month period.** The Board of Directors will consider all applications. Decisions will be made on the merit of the anticipated benefit of the requested service to the applicant. Completed applications should be e-mailed to kelly@alamoheadinjury.org or mailed to:

AHIA P.O. Box 29074 San Antonio, Texas 78229-0074

PLEASE PRINT ALL INFORMATION AND ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. NAME: _____
2. ADDRESS: _____

3. PHONE NUMBER: _____ E-MAIL ADDRESS: _____
4. MEDICAL DIAGNOSIS: _____
5. EXPLAIN HOW GRANT FUNDS WILL BE USED (PLEASE BE SPECIFIC AND ITEMIZE ALL COSTS):

6. ESTIMATED TOTAL COST: _____ LIST BELOW TWO WRITTEN ESTIMATES OBTAINED FOR THE EQUIPMENT OR SERVICE REQUESTED. THESE ESTIMATES ARE REQUIRED IN ORDER FOR YOUR GRANT TO BE CONSIDERED.
 - 1) COMPANY NAME: _____ PRICE QUOTE: \$ _____
CONTACT PERSON: _____ PHONE: _____
 - 2) COMPANY NAME: _____ PRICE QUOTE: \$ _____
CONTACT PERSON: _____ PHONE: _____
7. THE ABOVE INFORMATION IS ACCURATE AND TRUE.

APPLICANT'S SIGNATURE: _____ DATE: _____

FAMILY MEMBER/SPONSOR'S SIGNATURE: _____ DATE: _____