



PERSONAL INFORMATION

Applicant's Last Name First Name Middle Initial Mr. Ms. **Marital Status**
 Mrs. Miss. Single Married Divorced Separated Widowed

Type of Disability Explain Disability Date of Birth Age Sex
 Mobility Hearing Vision Cognitive Other ____/____/____ M F
MM/ DD/ YYYY

Highest Level of Education Present Occupation Email Address Home Phone Number
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Address City State PINCODE

EDUCATION DETAILS

Degree	Year	Major Area of Study	Institution/ University	Division / %

Academic distinctions, scholarships, etc.

Extracurricular achievements

ASSISTANCE REQUEST

Programs: Education Equipment Employment Inclusion

Explain Your Need

Amount Required: _____

Have you previously been approved for EquallyAble assistance? (If yes, give year and amount)

No Yes _____

Profession of Parent/ Guardian

Name of Primary Earner	Monthly Income	Number of Dependents	Relationship to Applicant
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FOR OFFICE USE ONLY

APPLICATION NUMBER

APPROVED
 REJECTED

Amount Sanctioned

Date Amount/ Check Sent

Check Number

Comments

*Affix
Photograph*

Give a description of your plan, amount that is being requested and how that will be utilized. Add additional sheets if required.

Please list and specify material enclosed (all to be marked with your name and address).

At a minimum, you are expected to submit the following documents:

- Medical Certificates
- Letter from School
- Income Certificate
- Cost Estimate for Equipment Aid or
- Cost Estimate for Self-Employment
- Others: _____

Describe below the major challenges facing you because of your disability and how can EquallyAble assist to overcome these obstacles.

Name of institution, equipment provider or vendor where a check can be sent if your application is approved.

DECLARATION

I certify that the information I have provided on this application and in all the enclosures is accurate and true. I understand that any attempt on my part to falsify or conceal or misrepresent material facts will be viewed seriously and will result in immediate disqualification without notice. I also understand that EquallyAble has the right to verify my credentials and information. I solemnly affirm that I have applied in good faith and will abide by EquallyAble rules and consider their decision as final and binding, and will not seek any private or public, petitioning or adjudication, legal or otherwise. My signing this applicant, I also authorize EquallyAble to use of my information for outreach and communication.

SIGNATURE

DATE

ENDORSEMENT

Please get an endorsement to the facts and data presented in this application form, from a responsible authority of an institution (government or private) or a government officer (state or central) or any person holding a public or social office.

Remarks about the applicant's merits:

Name of the Endorser
Designation
Telephone/ Email (if any)

SIGNATURE

DATE

ADDRESS

MAILING ADDRESS

Mail the completed application form along with attachment(s) to:

EquallyAble Foundation
P.O. Box 221441
Chantilly VA 20153-1441
USA

email: info@EquallyAble.org website: www.EquallyAble.org

OTHER INFORMATION

DO NOT USE REGISTERED MAIL TO SEND YOUR APPLICATION FORM.

EquallyAble is not accepting to provide assistance for:

- 1) further studies or training if the applicant meets the minimum qualification to get a full-time job, has a full-time job or is currently employed;
- 2) a motorized three wheeler or scooter if the applicant has a full-time job and is gainfully employed;
3. starting livestock or dairy farm related small businesses;
- 4) small businesses on behalf of a person with a disability will not be considered.