



## **INDIVIDUAL GRANT APPLICATION**

### **APPLICATION INSTRUCTIONS:**

Applicants must complete all questions of the application in order to be considered for a Joe Jackson Foundation Individual Grant, including providing contact information and estimates from at least three (3) suppliers and/or contractors for the equipment or renovations requested in the application. Incomplete applications will not be considered.

Please be sure to sign and date your application before mailing.

NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring about the status of applications. Grant recipients will be notified by phone or mail upon approval.

Mail completed applications to:

The Joe Jackson Foundation  
P.O. Box 13007  
Chandler, AZ 85248

[www.joejacksonfoundation.org](http://www.joejacksonfoundation.org)



**INDIVIDUAL GRANT APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ LEVEL OF INJURY: \_\_\_\_\_

CAUSE OF INJURY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT  
THE JJF FOUNDATION: \_\_\_\_\_

**Please describe the degree of your disability and how it affects your everyday life:**



NAME: \_\_\_\_\_

Please describe your sources of financial support (Please Note: Grant recipients may be asked to provide supporting documentation):

Please describe any other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues, etc.):



NAME: \_\_\_\_\_

Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc., if applicable:

Please give a brief explanation of how the equipment or modification(s) for which you are applying would impact your daily life:



NAME: \_\_\_\_\_

Additional comments (if you require more space, please attach additional sheets):



NAME: \_\_\_\_\_

In order to be considered for The Joe Jackson Foundation Individual Grant, applicants **MUST** provide estimates for the cost of the equipment or renovations requested. Incomplete applications will not be considered.

Please provide the names, addresses and phone numbers of at least three (3) companies and/or contractors you have contacted and each estimate for the equipment or modifications requested. Please attach photocopies of any written quotes you have received, if applicable.

COMPANY/CONTACT NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE/WEB ADDRESS: \_\_\_\_\_

PRICE QUOTED: \_\_\_\_\_

COMPANY/CONTACT NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE/WEB ADDRESS: \_\_\_\_\_

PRICE QUOTED: \_\_\_\_\_

COMPANY/CONTACT NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE/WEB ADDRESS: \_\_\_\_\_

PRICE QUOTED: \_\_\_\_\_

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive The Joe Jackson Foundation Individual Grant, my name and image may be used by The Joe Jackson Foundation for media and/or promotional purposes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_