



PERSONAL INFORMATION

Applicant's Last Name	First Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Type of Disability <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other	Explain Disability	Date of Birth ____/____/____ MM/ DD/ YYYY	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Highest Level of Education	Present Occupation	Email Address	Home Phone Number ()	
Address	City	State	PINCODE	

EDUCATION DETAILS

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

Academic distinctions, scholarships, etc.

Extracurricular achievements

ASSISTANCE REQUEST

Program: Education & Skills Poverty Reduction Rehab & Medical Social & Technology Inclusion & Outreach Interfaith & Worship

Explain Your Need

Amount Required

Have you previously been approved for EAF 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

FOR OFFICE USE ONLY

APPLICATION NUMBER

APPROVED
 REJECTED

Amount Sanctioned

Date Amount/ Check Sent

Check Number

Comments

*Affix
Photograph*



Application Form

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 much EAF can assist you 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 EAF and EEA have the right to investigate all documents. I solemnly affirm that I will apply in good faith and abide by EAF/ EEA's rules and consider their decision as final and binding, and will not seek any private or public, petitioning or adjudication, legal or otherwise.

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 gazetted 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.

EAF application review committee will meet during the first week of February, April, June, August, October, and December. Your application will be reviewed in one of these meetings in the order it was received.

EAF = EquallyAble Foundation
EAA = Evaluation and Administering Authority