



# Embolden Enrichment Grant Application and Instructions

The Embolden Enrichment Grant was created by the Northeast Indiana Disability Advocacy Coalition, which consists of not-for-profit service providers and advocates for people with disabilities in northeast Indiana. Embolden means “to foster boldness or courage, or to encourage.” Believing that learning is a life long activity that all people should have the opportunity to pursue, these grants provide financial assistance to help individuals with disabilities continue learning.

## Grants

Three \$1,000 grants will be awarded annually on a competitive basis. The grant must be used for a postsecondary or enrichment class, employment or life skills training, or an activity or life experience designed to enhance skills. To ensure the funds are used for the intended purpose, receipts or payment verification are required. Award notifications will be made April 2, 2010. The grants will be officially awarded at the April 9, 2010 *Abilities Abound* event at the Holiday Inn at the Coliseum.

## Application Procedure

The grants are awarded on a competitive basis. The applicant should complete as much of the application as independently possible. Please type or neatly print the application information.

The application package includes the following items:

1. Application form;
2. Applicant questionnaire;
3. Materials to get to know the applicant better;
4. One page essay;
5. Parent/Guardian information;
6. Two letters of recommendation from a teacher, co-worker, employer or friend (use enclosed form);
7. OPTIONAL: a third letter of recommendation from a relative, such as a parent, sibling, grandparent, aunt, uncle, cousin (use enclosed form).

**In order to be fair to all applicants, incomplete applications will not be considered.**

Mail or e-mail applications by March 29, 2010 to:

Northeast Indiana Disability Advocacy Coalition  
C/o Fifth Freedom  
4606-C East State Blvd., Suite 102  
Fort Wayne, IN 46815

E-mail to [betty@fifthfreedom.org](mailto:betty@fifthfreedom.org). Put “Embolden Enrichment Grant” as the subject.

# Embolden Enrichment Grant 2010 Application

Please print and use an ink pen. If the applicant requires assistance to complete the application, that will not affect the grant decision.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_\_

Person who helped you complete the application:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

I understand that I am applying for a grant to help me develop my interests and abilities. I have a disability, am 18 years of age or older and live in northeast Indiana. The information contained in this application is correct, it is my own work and represents my own desires and dreams.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Embolden Enrichment Grant Applicant Questionnaire

Please answer the following questions to the best of your ability. You may not have an answer for all of them. Answers should be brief.

**1. Tell us about yourself:**

- a. What interests or hobbies do you have?
  
- b. To what groups or clubs do you belong?
  
- c. If you work or volunteer, what do you do and where?
  
- d. In what sports or other activities do you participate?
  
- e. Please include something with your application that will enable us to get to know you better such as a photo, essay, drawing or painting, song, news article about you or anything else you think would be helpful. Be sure the material is identified with your name.

**2. What are two goals that you have for the future — personal and/or professional?**

**3. Write a one-page essay, double-spaced, explaining what you wish to pursue with this grant and why. Describe how the grant money will be spent...supplies, transportation, classes, etc. (The amount cannot exceed \$1,000.)**

Mail or e-mail the application and parent/guardian form by March 29, 2010 to:

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C/o Fifth Freedom  
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Fort Wayne, IN 46815

E-mail to [betty@fifthfreedom.org](mailto:betty@fifthfreedom.org)  
Put Embolden Enrichment Grant as subject line

**Embolden Enrichment Grant**  
Parent/Guardian Information

**Name** \_\_\_\_\_  
(please print)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (day time)** \_\_\_\_\_ **(evening)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

Agreement: I understand that \_\_\_\_\_ is applying for an enrichment grant. If he/she is awarded a grant, I will help ensure he/she uses the funds as described in the application, and that documentation will be provided as to how and where the funds were spent. I certify that he/she meets the eligibility criteria of having a disability, is 18 years of age or older and lives in northeast Indiana.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Embolden Enrichment Grant Recommendation Letter**

**Applicant name** \_\_\_\_\_  
(please print)

Person who is writing the recommendation:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (day time)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**I have know the applicant for** \_\_\_\_\_

**Please write a one-page recommendation letter that includes the following:**

- 1) Description of your relationship with the applicant.
- 2) Description of the applicant's desire to learn using examples from your relationship.
- 3) Why you think the applicant merits an enrichment grant.

Mail or e-mail this form and recommendation letter by March 29, 2010 to:

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Fort Wayne, IN 46815

E-mail to [betty@fifthfreedom.org](mailto:betty@fifthfreedom.org)  
Put Embolden Enrichment Grant as subject line



## **Embolden Enrichment Grant**

### **Family/Relative Statement of Support**

If a family member or relative wishes to submit a Statement of Support on behalf of the applicant, please use this form. This is not a requirement of the grant application.

**Applicant name** \_\_\_\_\_  
(please print)

Person who is writing the statement of support:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (day time)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**Please write a one-page recommendation letter that includes the following:**

- 1) Description of the applicant's desire to learn.
- 2) Why you think the applicant merits an enrichment grant.

Mail or e-mail this form and recommendation letter by March 29, 2010 to:

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