

# Action Mobility Foundation

P.O. Box 620  
Marshall, MN 56258



## Grant Application Form

- Applicants must complete all questions of the application. Incomplete applications will not be considered.
- Only a new Action Trackchair or Action Trackstander from the factory or from Action Trackchair distributor/dealer inventory that is less than 6 months old will be eligible for a grant. No used or demo trackchairs or trackstanders will be considered for a grant.
- If someone other than applicant completes the application, then be sure to give only applicant's information. Email address may be an exception.
- Applications are accepted year-round and are considered at quarterly Foundation board meetings.
- Grants are awarded quarterly Mar/June/Sept/Dec.
- Grants are awarded for partial payment of the cost of an Action Trackchair or an Action Trackstander.
- The grant dollar amount is up to the discretion of the Action Mobility Foundation Board.
- All funds must be secured before order is placed by distributors of the Action Trackchair and Action Trackstander.

### APPLICATION FORM

Today's Date:

Applicant's Name:      First                                  Middle Initial                                  Last

Street Address:

Mailing Address:

City:

State:

Zip code:

Day Phone:

Alternate Phone:

Email:

Age:

Gender: M   F

Grant Request for:  Action Trackchair     Action Trackstander     NotSure

Nature of Disability:

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

Action Mobility Foundation will fund partial cost of the Trackchairs. What are your financial sources to fund the remainder of the cost? (Please Note: Grant Applicant's may be asked to provide supporting documentation).

Other factors you wish to be taken into consideration (financial or family issues, health factors, living arrangement).

Please give a brief explanation of how the Action Trackchair or Action Trackstander would impact your life.

How did you hear about the Action Mobility Foundation?

Additional Comments

I hereby confirm that all information I have disclosed is correct.

Signed: \_\_\_\_\_

If you are not the applicant who has completed the application, what is your relationship to the applicant? \_\_\_\_\_

**Please send completed application to:**

*Action Mobility Foundation*

*PO Box 620*

*Marshall, MN 56258*