



FINANCIAL ASSISTANCE APPLICATION FORM

Name: _____ Age: _____ Phone: _____
(age 18+)

Address: _____

City: _____ State: _____ Zip: _____

Disability: _____

Reason for Grant: _____

Agencies Contacted

Agency: _____ Result: _____

Agency: _____ Result: _____

Agency: _____ Result: _____

Applicant

Date

Guardian (if applicable)

Date

"I consent to photographs or video of myself/my child to be used for promotional purposes for Breaking Barriers. I understand that every care will be taken to protect my/my child's identity. I understand that the images may be used in printed publications or on the World Wide Web pertaining to Breaking Barriers.