



This grant application is for the limited use by individuals who have survived brain injury and is intended to be used to make a specific request for goods, services, or funding from the Alamo Head Injury Association (AHIA). Funding for special needs such as medical, rehabilitation, educational, social and recreational will be considered. **Funding limit is \$500 per 12-month period.** The Board of Directors will consider all applications. Decisions will be made on the merit of the anticipated benefit of the requested service to the applicant. Completed applications should be e-mailed to [kelly@alamoheadinjury.org](mailto:kelly@alamoheadinjury.org) or mailed to:

**AHIA P.O. Box 29074 San Antonio, Texas 78229-0074**

**PLEASE PRINT ALL INFORMATION AND ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.**

1. NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
3. PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
4. MEDICAL DIAGNOSIS: \_\_\_\_\_
5. EXPLAIN HOW GRANT FUNDS WILL BE USED (PLEASE BE SPECIFIC AND ITEMIZE ALL COSTS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. ESTIMATED TOTAL COST: \_\_\_\_\_ LIST BELOW TWO WRITTEN ESTIMATES OBTAINED FOR THE EQUIPMENT OR SERVICE REQUESTED. THESE ESTIMATES ARE REQUIRED IN ORDER FOR YOUR GRANT TO BE CONSIDERED.
  - 1) COMPANY NAME: \_\_\_\_\_ PRICE QUOTE: \$ \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_
  - 2) COMPANY NAME: \_\_\_\_\_ PRICE QUOTE: \$ \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_
7. THE ABOVE INFORMATION IS ACCURATE AND TRUE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FAMILY MEMBER/SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_