



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 educations expenses/scholarships, housing, accessibility requests will be considered. **Funding limit is \$2500 per applicant.** 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) (Kelly Quezada) 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. TELEPHONE 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: \_\_\_\_\_