



## **EDUCATION & TRAINING GRANT APPLICATION**

(rev. 8/2024)

**This Application is for the limited use by individuals who have survived an acquired brain injury** (traumatic or non-traumatic), which is diagnosed as moderate to severe. This application is to be used to make a request for funding from the Alamo Head Injury Association (AHIA) for specific goods or services. There must be an apparent need and targeted benefit by the survivor and/or their caregiver, and such request aligns with the intent of the AHIA Grant program.

The **Education & Training Grant** is intended to provide financial assistance to those seeking education and/or training from trade related schools, and such education or training is expected to help position the individual for future employment, advancement, or certification. For non-trade related education and/or training, AHIA will consider grant approval based on a required essay. Essay shall explain the individual's goals and how this education or training will help achieve the goals and overall improve community re-integration. **The Education & Training Grant is limited to a maximum \$2,000 one-time/lifetime limit.** Pre-authorization is required.

AHIA will review and consider all reasonably completed applications. The Education & Training Grant may have some similarities to the AHIA General Grant, of which either may be more appropriate for special or certain circumstances, as solely determined by the Grant Committee. Decisions will be made based on the merits of the anticipated and targeted benefits to the applicant. Any costs incurred prior to the application date will not qualify.

Completed applications should be emailed to [AHIA@alamoheadinjury.org](mailto:AHIA@alamoheadinjury.org) . You may instead mail the application to AHIA P.O. Box 29074 San Antonio, TX 78229-0074. Please contact AHIA at (210) 614-4323 for questions and assistance.

**Please complete all items listed below to the best of your knowledge.**

1. Applicant/Survivor Name: \_\_\_\_\_ Email: \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Medical Diagnosis: \_\_\_\_\_
4. Briefly explain what is being requested and how the education or training will assist and provide benefits to the applicant:



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5. Describe in more detail the specific type of education or training being requested; the expected outcome, the expected duration, and the estimated total cost, even if the total cost is estimated to exceed the grant limit:
6. Provide specific cost information regarding the specific education or training targeted. It is also helpful if you can provide copies of estimates, statements, or other written reference information. First year cost estimates are acceptable if that's all that's available.

- Education/Training Entity: \_\_\_\_\_ Pricing/Cost Estimate: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #, email or website: \_\_\_\_\_
- Other support information:

Please advise if you anticipate any other company or entity will be providing any portion of the total cost:

**By signing this Education & Training Grant Application, I certify that the above information and any information provided with this Application, is true and accurate.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor or Family Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor, Family Member, or other Contact Information (optional): \_\_\_\_\_