

## ***Application***

Application Date: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Date of Birth (must be 14-26 years old): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Involved Family Member or Support Person: \_\_\_\_\_

Is the Applicant or Applicant's Family a Member of The Arc Montgomery County? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School, Day or Employment Program: \_\_\_\_\_

Diagnosis/Disability: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

Provide a brief description of the items, service or opportunity you are requesting. You may use additional pages if necessary, and you may also attach a photo.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Award Requested: \$ \_\_\_\_\_ (\$500 maximum)

## **Application** (page 2)

Describe how this item will assist your transition to independent living. Give specific examples of what you will be able to do or accomplish by receiving this award (200 words or less).

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Is there a deadline for purchase? If yes, please explain. \_\_\_\_\_

Describe what will happen if you are *not* selected to receive this award. \_\_\_\_\_

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Please complete this application entirely and attach the following documents:

- Proof of Disability
- Cost Estimate or Invoice
- Signed Copy of LEAP Certificate of Acknowledgement

*This completed application, plus documentation listed above, should be returned to Carolina Harp at the address below. **Please note:** Recipients of a LEAP grant within the past three years from any LEAP partner organization are not eligible. The Arc Montgomery County is committed to protecting consumers' personal information and follows federal government standards with regard to HIPAA and other sensitive and confidential information.*

Contact Carolina Harp at 301.984.5777 x1262 or [CarolinaH@arcmontmd.org](mailto:CarolinaH@arcmontmd.org) with questions.

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