



**Swift Outdoor Accessible Recreation**

10254 W. 195<sup>th</sup> Street

Mokena, IL 60448

708-269-7064

Soarnonprofit.com

soar@soarnonprofit.com

## SOAR Grant Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Injury date: \_\_\_\_\_ Level of Injury: \_\_\_\_\_ Injury description: \_\_\_\_\_

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Please describe the degree of your disability and how it affects your everyday life:\*

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How did you hear about SOAR: \_\_\_\_\_

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Please describe your sources of financial support (Please Note: Grant recipients may be asked to provide supporting documentation): \_\_\_\_\_

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Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.) \_\_\_\_\_

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Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc. if applicable: \_\_\_\_\_

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Please give a brief explanation of how the equipment or modification(s) for which you are applying would impact your daily life: \_\_\_\_\_

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Have you ever considered donating time to a non profit: Yes \_\_\_\_\_ No \_\_\_\_\_

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Grant Amount Requested: \_\_\_\_\_

Additional comments:

In addition to the application, the following supporting documentation must be included. Applications that do not have all of these documents will not be reviewed.

Written quotes from companies/contractors for modifications.

Please note that all materials submitted are non-returnable.

Applications are accepted year-round and are considered at quarterly Trustee meetings.

Grants run on average of \$1,000 – \$2,500; there is no minimum award.

The SOAR Foundation will review each request and make specific recommendations to the Board of Trustees for approval. The Board meets monthly to authorize grant awards. All notifications, both of awards and declinations, will be mailed out after the Board has met. All supporting materials should be submitted to the address below.

**In order to be considered for a SOAR Foundation Quality of Life Grant, applicants must provide estimates for the cost of the equipment or renovations requested. *Incomplete applications will not be considered.*** Please provide the names, addresses and phone numbers of at least two (2) companies and/or contractors you have contacted and their estimates for the equipment or modifications requested.

Company & Contact Name

Address Street Address City Pacific State ZIP Code

Phone

Website

Price Quoted

If you have a written quote, please upload a copy here. Accepted file types: pdf, jpg, png, gif, jpeg.

Company & Contact Name

Address Street Address City Pacific State ZIP Code

Phone

Website

Price Quoted

If you have a written quote, please upload a copy here.

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a SOAR Foundation grant, my name/image may be used by the SOAR Foundation for media and/or

promotional purposes.

Signature: \_\_\_\_\_