

SOAR 2022 The ‘BUD SWIFT’ Memorial Veterans Grant Application

To all applicants, **THANK YOU FOR YOUR SERVICE!**

To apply for an Individual Adaptive Equipment grant online, please carefully read over all information below and then complete the online form at the bottom of this page.

To apply via mail, download the grant application and mail the completed application to:

SOAR Foundation
10254 W. 195th Street
Mokena, Illinois 60448

Eligibility Requirements For Individual Grants:

- Assistance is awarded to spinal cord injury survivors with paraplegia and quadriplegia (**Please Note: paralysis must be due to a spinal cord injury that was caused by an accident, separate from complications caused at birth.** Paralysis due to stroke, ALS, Spina Bifida, Multiple Sclerosis, etc., are not eligible). We wish we could help all people with an SCI disorder, but our current demand far outweighs our resources.
- Applicants must demonstrate financial need and may be required to provide documentation.
- There is no age requirement.
- Applicants must reside in the United States.
- Applicants must request a specific modification or single piece of equipment to apply for a SOAR Foundation grant; requests for “anything you can give” will not be considered.
- Eligible items include wheelchair outdoor tires, wheelchair attachments, vehicle modifications (i.e., hand controls or lifts), small home modifications including ramp, anything that helps you get outdoors.

Due to the number of applications we receive we cannot fulfill every request. We

accept grants for exercise equipment (FES Bike, Standing Frame) or recreational equipment.

Grants are disbursed directly to suppliers of the desired equipment or modifications. Individuals making the grant application are required to submit estimates from potential suppliers. Please complete all sections of the application; incomplete applications will not be considered.

How To Apply For A Grant

APPLICATION INSTRUCTIONS

Applicants must complete all questions of the applications in order to be considered for a SOAR Foundation Grant, including providing contact information and estimates from at least two (2) suppliers and/or contractors for the equipment or renovations requested in the application; incomplete applications will not be considered.

NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring about the status of applications. Grant recipients will be notified by phone or mail upon approval.

Application Submission Periods and Requirements

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 \$2,000 – \$3,000; there is no minimum award.
- Grants are awarded on a quarterly basis.

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.

Online Application

Name* First: _____ Last _____

Address* Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone* _____

Cell Phone* _____

Email* _____

Date of Birth* _____ Month: _____

Gender* Male: _____ Female: _____

What branch of the military did you serve in? _____

What years did you serve? _____

Were you honorably discharged? _____

Date of Injury* _____

Level of Injury* _____

Cause of Injury* _____

How did you hear about the SOAR Foundation? * _____

Are you working with a social worker No: _____ Yes: _____

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

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

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

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: *

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

Grant Amount Requested: _____

Additional comments:

In order to be considered for a SOAR 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.

Estimate #1

Company: _____

Contact Name: _____

Street Address: _____

City: _____ Pacific State: _____ ZIP Code: _____

Phone: _____

Website: _____

Price Quoted: _____

If you have a written quote, please fax it to 708-478-8696

Estimate #2

Company: _____

Contact Name: _____

Street Address: _____

City: _____ Pacific State: _____ ZIP Code: _____

Phone: _____

Website: _____

Price Quoted: _____

If you have a written quote, please fax it to 708-478-8696

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: _____ Date: _____