

MATTHEW'S MIGHTY MISSION

Program Grant Application

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name(s) of dependent(s) with Developmental, Intellectual, and/or Physical Disability and Diagnosis:

1. _____

2. _____

3. _____

Do any of these individuals receive services through Community Mental Health?

- Yes _____
- No _____
- If yes, please identify whom: _____
- If yes, please identify whom: _____

I HAVE READ MATTHEW'S MIGHTY MISSION GRANT APPLICATION GUIDELINES AND CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE:

Applicant Signature: _____ Date: _____

To Complete your Grant Application:

- Please email this completed form to MATTHEWSMIGHTYMISSION@GMAIL.COM, Subject line: Scholarship
- Please attach proof of disability (most recent IEP, IDiagnosis, letter from Physician, or Evaluation report).