



GRANT REQUEST FORM

Send by e-mail, fax or U.S. mail to:

SCI Hope Fund
135 Torrey Pine Drive
Brownsburg IN 46112
Fax: 317-858-8082
jwassen@scihope.org

Date _____

Name of person requesting grant _____

Address _____

Phone _____ EXT. _____ E-mail _____

Name of person with spinal cord injury

Is the person with spinal cord injury a former or current patient of Rehabilitation Hospital of Indiana? Yes No

If answer is yes, please complete the rest of this form.

If no, unfortunately you are not eligible for grants from this fund at the current time.

Type of spinal cord injury: _____

Date of spinal cord injury: _____

Current therapy status: _____

Current occupation/work or school status: _____

Community activities you are involved in: _____

Current family situation: _____

Type of insurance, if any: _____

Please describe your specific grant request. _____

Amount of grant request: \$ _____

Please explain the specific needs this grant will meet. _____

