



A.SKATE'S Grant's for Gear Program Application

**Mail or email completed application to:
The A.skate Foundation : Grants for Gear Program**

2328 2nd Ave N Birmingham, AL 35203

Tel: (205)862-8622 info@askate.org

Please completely review the following information before filling out this application. Please print clearly. Illegible applications cannot be considered.

Grants will be awarded on a monthly basis.

Applications must be postmarked by December 31, 2010. Applications postmarked after December 31, 2010 cannot be accepted. Please email questions to info@askate.org

The Grants for Gear program is to help children with autism who may need skateboard gear have the opportunity to receive it. In Example: skateboard deck, wheels, trucks, bearings, grip tape, helmet, and shoes. **Do not apply for this grant if you do not have a child with autism. We do not award grants to those who are not on the Autism Spectrum.**

I understand that I am expected to pay shipping on the requested items below if my application is approved. Shipping for a complete skateboard is \$10.95, single deck \$9.95 and single skate items \$4.95. A.skate sends referrals to The Ian Tilmann Foundation for Helmets.
www.theiantilmannfoundation.org/

Write the number of items requested on the given line.

Grants for Gear:

Complete Skateboard _____ Skateboard Deck _____

Skateboard wheels _____ Skateboard trucks _____ Skateboard bearings _____

Skateboard grip tape _____ other _____

Please be advised, only one skateboard complete per family. When we have skateboard decks available we may be able to send a deck if you have more than one child with autism. This is a skateboard without wheels and you would need to go to your local skateshop to complete building it.

CHILD

Name: _____ Age: _____ Date of Birth: _____

MOTHER

Mother's
Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Address: _____

Employer: _____ Telephone: _____

Employer
Address: _____

FATHER

Father's
Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Address: _____

Employer: _____ Telephone: _____

Employer
Address: _____

Name and ages of other dependent children: _____

Diagnosis of Disability for child you are applying for a grant: _____

Have you previously received a grant gift from A.skate? Yes_____ No_____

I hereby acknowledge that the above information is true and that without my signature my child can not be considered for a grant.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____

Mail or email completed application to be considered for a grant.

If email, fill out application, scan and send to us.

PLEASE NOTE: ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY A.skate.

This application cannot be considered until this form is completed legibly, signed, and shipping cost for applied for grant has been received. The information included in this application is confidential and for A.skate use only. Please keep a copy for your records.