

Laughing At My Nightmare, Inc.
Freedom Fund Wheelchair-Accessible Vehicle Application

Thank you for applying! This application is for a grant in the amount of up to \$50,000 from Laughing At My Nightmare, Inc. for the purchase of a wheelchair-accessible vehicle.

Please read and complete every section carefully, and submit the completed application along with the Requested Materials by **no later than June 1st, 2018**.

Applications should be submitted to:

Laughing At My Nightmare, Inc.
Attn: Grant Department
2732 Lafayette Ave.
Bethlehem, PA 18017

VERY IMPORTANT: You are welcome to begin exploring wheelchair-accessible vehicles that will suit your needs; however, for the purposes of this application, you **do not need** to have your vehicle selected. Once our committee has selected the Grant Recipient, we will work with him/her and the dealership to select the vehicle that works best.

Laughing At My Nightmare, Inc. will provide \$50,000 towards the purchase of this vehicle. Any amount over \$50,000 is your responsibility.

Section 1 - Freedom Fund Grant Eligibility

1. Applicant must prove that s/he has been diagnosed with a form of muscular dystrophy OR must be a parent/guardian/caregiver of an individual living with a form of muscular dystrophy. See: Requested Materials
2. Applicant must be 18 years of age. (Note: You may apply for this grant to purchase a van for an individual under the age of 18; however, the signee must be 18+) See: Requested Materials
3. Applicant must provide proof of a valid driver's license for him/herself OR provide proof of a valid driver's license for a parent/guardian/caregiver who will be driving the awarded vehicle. See: Requested Materials
4. Applicant must be a citizen of and reside in the United States.
5. Applicant must agree that s/he is responsible for any amount of the vehicle purchase over \$50,000, including, but not limited to: taxes, registration fees, title transfers, ongoing maintenance, dealership fees, warranties, and vehicle insurance.
6. Applicant must demonstrate financial need and will be required to provide documentation. See: Requested Materials

Section 2 - Biographical Information

APPLICANT'S NAME: _____ DATE: _____

APPLYING FOR: ☐ Myself ☐ My child ☐ Family member ☐ Other (explain below):

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____

DAY NUMBER: _____ ALTERNATE NUMBER: _____

EMAIL ADDRESS: _____

BENEFICIARY'S NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____

☐ MALE ☐ FEMALE ☐ NO RESPONSE DATE OF DIAGNOSIS: _____

TYPE OF MUSCULAR DYSTROPHY: _____

☐ SINGLE ☐ MARRIED ☐ DIVORCED

☐ EMPLOYED ☐ UNEMPLOYED ☐ STUDENT

If different from above:

BENEFICIARY'S ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____

DAY NUMBER: _____ ALTERNATE NUMBER: _____

EMAIL ADDRESS: _____

Section 3 - NEED ASSESSMENT

Laughing At My Nightmare, Inc. is committed to providing this Freedom Fund Grant to a qualifying individual who will *most benefit* from access to a wheelchair-accessible vehicle. The goal of this grant is to make someone's life more:

1. Healthy
2. Comfortable
3. Productive

This section is designed to help our committee members assess all applicants and ultimately decide on the Grant Recipient. Please keep the above values in mind as you complete the following questions. **Responses may be written or typed and attached to the application.**

OPTIONAL: You may submit a short video message to elaborate on your needs for a van. Videos over 2 minutes will not be accepted. Please submit your video by YouTube link or the original file to info@laughingatmynightmare.com with the subject line being the name of the beneficiary as reflected on the application. You still **must** complete the written responses below.

Please provide a 300-word biography about yourself/the beneficiary including interests, hobbies, school, work, etc.:

Please describe the degree of your disability and how it affects your everyday life (100 words):

Please describe your sources of financial support (100 words):

[illegible]

[illegible]

[illegible]

Section 4 - REQUESTED MATERIALS

Requested Materials will not be returned. All information will be kept confidential and shredded after use.

1. Proof of Diagnosis
2. Proof of Valid Driver's License
3. Most Recently Filed Tax Return or SSI Statement
4. Proof of Residency using a copy of 1 of the following documents:
 - Rental or lease agreement with the signature of the owner/landlord and the tenant/resident.
 - Copy of deed or title to residential property.
 - Copy of mortgage bill.
 - Copy of utility bill from the past 60 days (including cellular phone)

Section 5 - AGREEMENT

By submitting this application, I certify that all information I am providing is truthful and accurate to the best of my knowledge and ability.

I understand and agree that I may be asked to provide additional information or resources during the application review period.

I understand and agree that if I am selected as the Grant Recipient, Laughing At My Nightmare, Inc. will provide up to \$50,000 towards the purchase of a wheelchair-accessible vehicle. These funds will be paid directly to the vendor. No funds will be given to the Grant Recipient.

I understand and agree that it is my responsibility to obtain and maintain all necessary insurances, registration, titles, or other requirements on the State or Federal level for owning a vehicle.

I understand that if I am chosen as a grant recipient the process of obtaining the vehicle could take up to 6 months of being notified of my approval.

I understand and agree that if I am selected as the Grant Recipient, I am responsible for working with Laughing At My Nightmare, Inc. to create promotional materials regarding the Grant. This may include but is not limited to: providing pictures, videos, and written material documenting the vehicle-purchasing process and the benefits of having the vehicle once it has been purchased.

Signature: _____

Date: _____

Print Name: _____