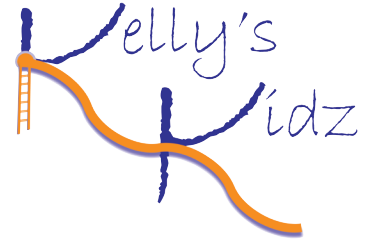


Kelly's Kidz

Application for AA Driving School Grant

CONFIDENTIAL



Kelly's Kidz is a not-for-profit organization with the mission to provide financial assistance and resources to children with special needs & to create an opportunity for them to lead the best life they can possible live.

CONTACT INFORMATION

Applicant Name

Parent/Legal Guardian Name(s)

Address

Home Telephone

City

ZIP

Work Telephone

E-mail Address

Cell Telephone

Do you have a physical impairment? Yes _____ No _____

Diagnosis: _____

Who is the physician that treats your physical impairment: _____

Have you taken drivers training? Yes _____ No _____

If Yes: Where: _____ When: _____ Parts Completed: _____

If accepted for this grant, will you have transportation to AA Driving School, 28911 Seven Mile, Livonia, MI? Yes _____ No _____

If accepted for this grant, do you currently have access to an accessible* vehicle in which to train & drive? Yes _____ No _____

* Vehicle has already been modified to fit the needs of the applicant

If no, when do you anticipate having this access? _____

I understand that authorizing disclosure is voluntary and that I have the right to revoke this authorization at anytime. I represent that I am the Authorized Representative of the child. I acknowledge by signing this document that as a parent/patient if I am not able to obtain either the equipment modification or the vehicle within 6 weeks of completed training hours then the grant funding may be revoked and that Kelly's Kidz Foundation shall have no further obligation to parent/patient.

Parent/Legal Guardian Signature

Date

Signature of Witness

Date