

**PH & ENH MAYOR'S COMMISSION ON
DISABILITY ISSUES**

**MCDI Employment, Education and Training Grant Program
APPLICATION**

Name of grant applicant: _____

Address: _____

Date of birth: _____

City: _____ State: _____ ZIP code: _____

Phone(s): Home: _____ Cell: _____ Work: _____

Ethnicity: _____

Disability: _____

Statement of need:

Functional impairment (how does your disability affect your daily life and ability to reach your goal).

If awarded, this grant will be used for:

Education ____ Training ____ Employment ____ Related Supplies/Equipment ____

Educational institution: _____

Course of study: _____ Year in school: _____

Training organization: _____

Training name and/or description:

