

FREE-DAPTIVE DIVERS Grant Application

Name: _____ Age: _____ SCUBA CERT. _____ (if none=N/A)

Address _____

City/St _____ Zip _____ Phone _____

Email _____ Today's Date: _____

I have a disability or I am able-bodied (Please Circle One)

I am applying for Grant # (Please Circle One) 1A 1B 1C 2 3

Waiver Statement (Please read and initial each statement in the space provided.)

1. _____ I have read and understand the FREE-DAPTIVE Grants program descriptions and rules and agree to abide by them.
2. _____ I accept that this application does not constitute a contract with FREE-DAPTIVE Divers.
3. _____ I accept that the information I provide may be used by FREE-DAPTIVE Divers publicly in any manner they chose in perpetuity and that I will only provide information with which I am comfortable exposing publicly.
4. _____ I accept that a grant is contingent on proof that I am medically fit to scuba dive including a physician's authorization. (An HSA International Medical History form is available at www.free-daptive.org)
5. _____ I agree that any information I provide and statements I make are true and accurate to the best of my knowledge.

Name (Printed): _____

Signature: _____ Date Signed _____

ESSAY STATEMENTS

1. **For Grants 1A, 1B, 1C or 3 - For an applicant with a disability:** Please describe your disability (using only those details you are comfortable sharing). Relate any positive or negative aspects on how it has affected your life. Please describe how you feel scuba diving has or will improve your life. **For Grant 1C:** Please describe what piece of equipment you need to purchase or modify.
2. **For Grants 2 and 3 - For an applicant without a disability:** Please describe your understanding of what constitutes a disability and how you came to this understanding. Relate any experiences that have helped you to understand issues surrounding disabilities.
3. **For all Grants - Financial Need:** Please explain how a grant will help you overcome financial obstacles to said training, equipment or travel offering only those details you are comfortable sharing publicly. (No specific financial data is required.)
4. **For all Grants - Sustaining Statement:** Explain how you intend to use this training, equipment or travel experience in an ongoing manner. (Extra consideration will be given to those who intend to include FREE-DAPTIVE Divers in their future; I.E. As volunteers, Guest Lecturers or other in-person engagements, Extended Social Media presence, Etc.)
5. **For All Grants – Personal Scuba Biography:** Describe how and why you became involved in Scuba diving and how you plan to help people with handicaps pursue scuba diving.
- 6 – **For All Grants – Additional Information:** Please add any information you feel would help those making grant decisions.
- 7 – **Letter of Reference:** Please attach a Letter of Reference detailing the candidate’s desire to begin or advance their Scuba Diving experience, how they have or would benefit from Scuba Diving, and any anecdotes describing why they should be considered for a grant.
- 8 – **HSA Medical History Form:** Please attach the required HSA International Medical History Form (Downloadable at www.free-daptive.org)

Completed grant applications may be sent to: rkline2011@hotmail.com. Applicants will receive an email response of receipt of their application.