



CONFIDENTIAL

SOCIAL AND MEDICAL HISTORY

CAUSE FILE # _____

DATE _____

BY COMPLETING THE FOLLOWING APPLICATION, THE APPLICANT MAY BE ELIGIBLE FOR **ALO CULTURAL FOUNDATION PROGRAM(S)**. TO BE ELIGIBLE, THE RECIPIENT MUST BE BETWEEN THE AGES OF 3 AND 25 (VARIES FROM PROGRAM TO PROGRAM).

WE WELCOME THOSE TURNED DOWN BY OTHER ORGANIZATIONS WHICH WERE NOT ABLE TO ASSIST THEM. THE FOUNDATION AIMS TO TURN DISABILITY INTO ABILITY; PROVIDE URGENT MEDICAL CARE IN SPECIFIC CIRCUMSTANCES; AND GRANTS SPECIAL LEARNING INITIATIVES. THE RECIPIENT MUST BE NEEDS-BASED.

- ANSWER ITEMS **COMPLETELY AND HONESTLY**. DO NOT LEAVE ANY ITEM BLANK UNLESS IT DOES NOT APPLY TO THE FAMILY. FEEL FREE TO ATTACH ANY EXPLANATION WHICH MAY HELP US BETTER UNDERSTAND YOUR FAMILY SITUATION.
- IF PROJECTED INCOME/EXPENSES FROM PREVIOUS YEAR VARY SIGNIFICANTLY FROM THE PRECEDING YEAR, YOU SHOULD ATTACH AN EXPLANATION.
- INFORMATION ON THE FORM IS **CONFIDENTIAL**, AND WILL ONLY BE USED TO DETERMINE LEVEL OF ASSISTANCE NEEDED.

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION.

SECTION 1 – APPLICANT INFORMATION

NAME:	DATE OF BIRTH:
PARENT/GUARDIAN (IF UNDER 18):	SOCIAL SECURITY # / IDENTIFICATION #:
HOME ADDRESS (INCLUDE CITY, STATE, ZIP CODE AND COUNTRY):	HOME PHONE:
MOBILE PHONE:	INTERNATIONAL PHONE:
EMAIL ADDRESS:	



NAME AND AGE OF FATHER: _____

NAME AND AGE OF MOTHER: _____

NAME, GENDER, AND AGES OF SIBLINGS: _____

SIGNIFICANT INFORMATION ABOUT PARENTS (PERSONALITY, STYLE OF PARENTING, PROFESSION, ETC.):

HOUSEHOLD INCOME: _____

DO YOU HAVE RELATIVES LIVING IN THE UNITED STATES (IF YES, PLEASE LIST THEIR ADDRESS AND CONTACT INFORMATION):

DESCRIBE LIVING CONDITIONS OF THE RECIPIENT AND FAMILY:

BRIEF DESCRIPTION OF YOUR PERSONALITY (HAPPY/SAD, INTROVERTED/EXTROVERTED, ACTIVE/PASSIVE, ETC.):



WHAT ARE YOUR MOST SIGNIFICANT EVENTS PERSONAL MILESTONES:

SECTION 2 – ORGANIC HEALTH HISTORY

ANY SIGNIFICANT PAST PHYSICAL HEALTH CONCERNS, DISEASES, PHYSICAL INJURIES, SURGERIES, ETC.:

CURRENT PHYSICAL HEALTH STATUS:

CURRENT MEDICINES FOR PHYSICAL HEALTH CONDITIONS:

ANY SIGNIFICANT PHYSICAL HEALTH CONCERNS OR DISEASES WITH PARENTS OR SIBLINGS:

ANY OTHER INFORMATION ABOUT YOUR PHYSICAL HEALTH HISTORY:



SECTION 3 – MENTAL HEALTH HISTORY

ANY SIGNIFICANT PAST OR CURRENT MENTAL HEALTH CONCERNS, INCLUDING HOSPITALIZATIONS:

CURRENT MEDICINES FOR MENTAL HEALTH CONDITIONS:

ANY SIGNIFICANT MENTAL HEALTH CONCERNS OR DISEASES WITH PARENTS OR SIBLINGS:

SECTION 4 – USE OF ALCOHOL, TOBACCO OR DRUGS

CURRENT USE OF ALCOHOL, TOBACCO OR DRUGS – I.E., KINDS, AMOUNTS, AND FREQUENCY OF USAGE

PAST HISTORY OF ALCOHOL, TOBACCO OR DRUGS USAGE – I.E., KINDS, AMOUNTS, AND FREQUENCY OF USAGE

HAVE YOU EVER BEEN IN TREATMENT FOR ABUSE OR ADDICTION OF ALCOHOL, TOBACCO OR DRUGS? IF SO, ELABORATE:

DOES ANY FAMILY MEMBER HAVE A CURRENT OR PAST HISTORY OF ALCOHOL, TOBACCO OR DRUGS ABUSE OR ADDICTION? IF SO, ELABORATE:



SECTION 5 – EDUCATION AND PROFESSIONAL HISTORY

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?:

IF COLLEGE OR ABOVE, PLEASE ELABORATE ON YOUR FIELD OF STUDY AND ANY DEGREES:

PLEASE ELABORATE ON YOUR EDUCATIONAL EXPERIENCES:

WHAT ARE YOUR FUTURE EMPLOYMENT/CAREER ASPIRATIONS?:

SECTION 6 – INTERESTS / HOBBIES

DO YOU HAVE HOBBIES OR LEISURE INTERESTS? – PLEASE ELABORATE:

WHAT ARE YOUR ASPIRATIONS FOR FUTURE HOBBIES OR LEISURE INTERESTS?:



RELIGIOUS PREFERENCES / NEEDS?:

SECTION 7 – GOALS FOR PROGRAM INCLUSION

WHAT ARE YOUR GOALS FOR INCLUSION INTO ALO CULTURAL FOUNDATION PROGRAM(S):

SECTION 8– FINANCIAL CONSIDERATIONS

WHAT IS THE DOLLAR AMOUNT YOU ARE SEEKING FROM THE ALO CULTURAL FOUNDATION IF YOU ARE SELECTED AS A GRANT RECIPIENT?

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW ABOUT YOU? THIS IS YOUR OPPORTUNITY TO INCLUDE INFORMATION THAT IS NOT CONTAINED IN OTHER AREAS OF THE APPLICATION. PLEASE BE SPECIFIC.



SUBMITTING YOUR APPLICATION

PLEASE SUBMIT THE FOLLOWING TO BE CONSIDERED FOR THE ALO CULTURAL FOUNDATION PROGRAM(S):

1. COMPLETED APPLICATION FORM
- 2A. *IF SEEKING EDUCATIONAL ASSISTANCE:* LETTER(S) OF RECOMMENDATION FROM YOUR FACULTY OR COUNSELOR
- 2B. *IF SEEKING A MEDICAL ASSISTANCE:* LETTER(S) OF MEDICAL HISTORY WITH RECOMMENDATION(S) FROM YOUR DOCTOR
3. *IF SEEKING EDUCATIONAL ASSISTANCE:* COMPLETE AND VERIFIED VACCINATION LISTS WITH DATES OF INOCULATION
4. *IF SEEKING AN EDUCATIONAL ASSISTANCE:* SUBMIT A COPY OF THE APPLICANT'S TRANSCRIPT **AND** A COPY OF ACT/SAT SCORES (OR EQUIVALENT).
5. IF YOU ARE APPLYING FOR THE FOREVER WISH PROGRAM PLEASE COMPLETE FORM 1202.

HOW DID YOU HEAR ABOUT THE ALO CULTURAL FOUNDATION? _____

REFERRED BY: _____

I _____ CERTIFY THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____

SIGNATURE (PARENT/GUARDIAN) _____

DATE: _____

RETURN VIA EMAIL TO: EXECUTIVEDIRECTOR@ALOFUNDATION.ORG