



COMPUTER GRANT PROGRAM

QUALIFICATION APPLICATION

(Please Print)

Last Name _____ First Name _____

Street _____ Apt. _____

City _____ County _____ State _____ Zip _____

Phone _____ Date of Birth _____

Emergency Contact _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

When were you diagnosed with MS? _____ Current Major Symptoms _____

Computer Preference: Laptop Desktop

Computer use? Personal Family Use Research Business

Do you own a computer now? No Yes, Age of Computer _____

Do you know how to operate a computer? No Yes

Type of family/friends support _____

Are you employed? _____ Your Employer _____

Spouse employed? _____ Spouse's Employer _____

*In 100 words or less, explain why you should be awarded a computer.
Additional paper may be used if needed.*

MONTHLY GROSS INCOME (Less Withholding Taxes)	
Your Earnings	\$
Spouse Earnings	\$
Your Disability/Retirement Income Source	\$
Spouse Disability/Retirement Income Source	\$
Miscellaneous Income (Stocks, Bonds, Other)	\$
Total Income	\$
MONTHLY EXPENSES:	
Mortgage or Rent (Circle One)	\$
Property Taxes and Insurance	\$
Utilities	\$
Food	\$
Medical: Prescriptions	\$
Doctors	\$
Dentists	\$
Insurance: Auto	\$
Life	\$
Health	\$
Credit Cards	\$
Time Payments	\$
Car Payments	\$
Auto Repairs	\$
Gasoline	\$
Miscellaneous Expenses:	\$
Total Expenses	\$
Disposable Income	\$

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I authorize verification of all statements contained herein.

SIGNATURE

DATE