



Lake County's Community Foundation

THE KYLE GRADY FUND

PURPOSE



Kyle Grady was just an infant when he was diagnosed with retinoblastoma, a cancer that left him legally blind and ultimately led to his death as a young man. When the Apple iPad first came on the market, Kyle found it extremely useful as a visual aid. He also found the iPad to be a useful tool in learning to play the guitar. Due to its size it was easy for him to carry and use at various venues to enhance images. Even with his visual impairment Kyle was an avid musician who enjoyed performing for friends on his guitar.

A fund in memory of Kyle was established at Legacy Foundation, Inc. (Lake County Indiana). The purpose of the Kyle Grady Fund is to provide iPads (and/or guitars) to young people who have uncorrectable visual impairments.

CRITERIA

The Kyle Grady Fund will accept applications from individuals who meet the following criteria:

1. Be between 12 and 21 years of age
2. Have an uncorrectable visual impairment (*priority to a cancer survivor with uncorrectable visual impairment*)
3. Document financial need through family tax records. Household income must be equal to or less than the median household income in Lake County, Indiana (\$50,905; 2016 U.S. Census).
4. Reside in the Midwest – IN, IL, WI, MI
5. Priority will be given to applicants who also have a musical interest.
6. Applications must be submitted by July 31, 2018.

Applications are available for submission online at: legacyfdn.org/individualassistanceopportunities.php. Those applicants selected to receive iPads and/or guitars will be notified by August 15, 2018. Products will be purchased and distributed by Legacy Foundation, Inc. No checks will be made payable to the family. For more information, please contact us by phone at (219) 736-1880 or email at legacy@legacyfdn.org.

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REQUEST FOR ASSISTANCE

Name of Applicant: _____

Date of Birth: _____

Parent or Guardian Name (if applicant is under 18 years old): _____

Address: _____

City: _____ State: _____ Zip: _____

Item will be sent to this address, please be sure it is accurate.

Phone Number: _____

Email Address: _____

Household Income: _____

Please attach a copy of your most recent 1040, 1040-A or 1040-EZ tax form.

Item Requested: _____ Ipad _____ Guitar

Do you have a visual impairment? _____ Yes _____ No

Please describe your visual impairment:

Other information you would like us to consider when reviewing this request:

Each application will be reviewed by Legacy Foundation staff to ensure that the application is complete and valid. Invalid applications will be discarded. All applications will be considered, but due to limited financial resources, cannot be guaranteed.

Completed applications may be submitted through:

- Email: legacy@legacyfdn.org
- Fax: (219) 736-1940
- Mail: 370 E. 84th Drive, Suite 100, Merrillville, IN 46410

I have read and understand the attached guidelines.

Signature: _____

Date: _____