

EASTER SEALS OREGON

7300 SW Hunziker St., Ste. #103 Portland, Oregon 97223 (503) 228-5108

ZETOSCH FUND

The purpose of the Zetosch Children's Assistance Fund is to provide equipment and services to economically disadvantaged children with disabilities to enable them to receive educational training to the highest of their ability.

Grants are limited to a total of \$1,500 per candidate.

Basic criteria for a candidate to receive a grant from the FUND are as follows:

1. Oregon residency is required.
2. Financial need must be demonstrated.
3. Candidate must be enrolled in school or equivalent.
4. Candidate must be 0 to 20 years of age.

Name of Applicant _____

Date of Birth _____ **Age** _____ **Male/Female** _____ **Telephone** _____

Parent(s) or Responsible Party _____

Address _____

(Street)

(City)

(State)

(Zip)

(County)

Referring Agency _____ **Telephone** _____

Contact Person _____ **Hours Available:** _____

School of Applicant _____ **Telephone** _____

Teacher _____ **Hours Available:** _____

Name of Doctor _____ **Telephone** _____

Address _____

(Street)

(City)

(State)

(Zip)

(County)

(MEDICAL OR PROFESSIONAL RECOMMENDATION SHOULD ACCOMPANY THE APPLICATION IF POSSIBLE.)
Describe Disability (Medical Diagnosis) _____

Description of Equipment or Service Requested _____

Amount Needed \$ _____ **Vendor (if Known)** _____

Telephone _____ **Vendor's Address** _____

Other Funds Applied For _____ **How Much Was Requested** _____

FINANCIAL DATA **Number of Adults in Household** _____ **Number of Children** _____

Occupation(s) of Parents/Guardian _____

Employer(s) Name _____ **Telephone(s)** _____

Monthly Income: (Primary & secondary wage earners where applicable.)	
Gross Wages From Employment: \$	Public Assistance: \$
Net Wages: \$	Child Support: \$
Social Security: \$	Other (Specify): \$
Current Monthly Expenses:	
Housing: \$	Child Care: \$
Payments/Utilities (Car, etc.): \$	Food: \$
Medical: \$	Other: \$

Equity in Home _____

Cash, Bank Accounts _____

Value of Automobile(s) _____

Stocks/Bonds/Securities _____

What other kinds of property, what kind & value _____

Are you covered by any medical insurance? _____ If so, which one? _____

Comments you may wish to add that may help us _____

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Please Return to:

Zetosch Fund
 Easter Seals Oregon
 7300 SW Hunziker St., #103
 Portland ,OR 97223



*Grants are considered on an individual basis and are made possible by
 contributed funds to Easter Seals Oregon.*



For Office Use Only Date _____

Grant Approved _____	Approved by _____
Amount & Type of Grant _____	
Notes _____	
Grant Denied _____	Denied by _____
Reason for Denial _____	

