

## **BELLOWS FUND APPLICATION**

To be completed by Affiliate personnel. Please TYPE

UCP of Maine	State: ME	Phone: 207.941.2952			
Affiliate Contact: Andrew Lohman E-mail: andrew.lohman@ucpofmaine.org					
Bellows Fund Nomi	inee:				
	rom Bellows Fund: US				
Parent/Guardian (If	Applicable):				
Nominee Contact:	Address:				
	Phone:	Email:			
Description of assist	tive technology equipm	nent:			
Where will this equi	ipment be used?	Cost of equipment: US\$			
If cost of equipment	is more than funds req	uested, what additional funding is in place to secure			
How will the assisti	ve technology increase	the individual's independence and quality of life?			
List other funding so	ources approached:				
requested will be us that the nominee has and that the individu	ed for the purchase of t s a disability, that the edual has exhausted all of	ntive Director/CEO certifies to UCP that the funds the assistive technology equipment outlined above, quipment will become the property of the nominee, ther financial resources available.			
Executive Director/	CEO'S Signature:				
Printed Name:		Date:			

Submit to: E-mail: andrew.lohman@ucpofmaine.org or FAX: 207-941-2955



## **Bellows Fund Application**

Life without limits for people with disabilities™

## **Letter of Support**

Obtain a Letter of Support from a physician, therapist, psychologist, rehabilitation engineer, assistive technology professional or teacher that indicates the equipment requested if consistent with the goals and abilities.

Name of Applicant:			
Equipment Requested:			
Please describe the benefit to the ch			
Signed	Title	Date	