



16 S. Phelps St.
Youngstown, Ohio 44503
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a non-profit agency specializing in problem solving for disabled children and adults

The Golden Ticket Award

A monthly \$100.00 Grant for Deserving Individuals with Special Needs

Please fill out this application in its entirety. We must have a means to contact the individual you are nominating as well as his or her parent/guardian or residential provider to confirm the individual's disability and financial need. When finished you may forward this application to Jim Sutman, President of Golden String, Inc., 16 S. Phelps Street, Youngstown, Ohio 44503. Since this a monthly grant, there is not an application deadline.

APPLICATION INFORMATION

Name of Nominee: _____

Disability and/or Diagnosis of Nominee: _____

Contact Information of Nominee (Phone number and address, if known):

Name of Parent/Guardian and/or Residential Provider contact information:

Name and contact information of person(s) nominating the special needs individual:

Your Relationship to Nominee:

How will this individual benefit from receiving this grant? (Please be as specific as possible with your reason(s) for nominating this special needs individual. You may use additional paper, if necessary, and attach it to this application.):

Signature

Date

*I give you the end of a golden string,
only wind it into a ball, it will lead
you in at Heaven's gate built in Jerusalem's wall.*

-William Blake