

The Enhancing Ability Assistive Technology **Scholarship Program Application**

Applicant Information:

- **Name:**
- **Date of Birth:**
- **County of Residence:** (Indiana / Armstrong)
- **Do you have an intellectual or developmental disability? (Yes/No) (self-declare)**
- **If yes, please specify the disability (optional):**
- **If applying as a guardian, please provide the following information for the individual with the disability:**
 - Name:
 - Date of Birth:
 - Relationship to applicant:

Device Selection:

- Echo Show 5
- Amazon Fire 7 Tablet
- I am interested in applying for both devices (subject to availability).

Need and Benefit:

Please describe in detail how an Echo device or tablet would benefit the applicant in their daily life. Here are some examples to get you started, but feel free to share your specific needs:

- **Echo Device:**
 - Setting reminders and alarms for medication or appointments.
 - Connecting with loved ones through hands-free calls.
 - Playing audiobooks or music therapy.
 - Improving speech clarity skills
 - Increase independence with the ability to make to-do lists, shopping lists, ask for directions, etc
 - Ability to use an intercom system
 - Alarm and reminder repetition can assist with muscle memory and skill set
 - Utilizing voice commands for controlling smart home devices (if applicable).
- **Tablet:**
 - Accessing educational apps and learning tools.
 - Communicating visually through video calls or picture exchange systems.
 - Using voice-to-text features for easier communication.
 - Playing games that promote cognitive skills and motor development.

Please be as specific as possible about how the device will enhance the applicant's independence and improve their daily living.

