



# Capture A Dream Program

## Client Eligibility & Program Application

### Applicant Information

Are you completing this form as the client?  Yes  No

If you checked No, state your name and relationship to the applicant in the spaces provided below.

First Name, Middle Initial, Last Name: Relationship: Today's Date:

Phone Number: Email Address:

### Client Information

First Name, Middle Initial, Last Name:

Street Address:

City: State: Zip:

Phone Number: Email Address:

Date of Birth: Age:  Female  
 Male

SSN:  US Citizen  
 Permanent Resident

# of Household Members: Annual Household Income:  
\$

If you are affiliated with a nonprofit organization, please list its name here:

Have you ever been convicted of a felony?  Yes  No

If you checked Yes, please explain:

### Tell Us About Your Dream

Please feel free to use a separate sheet of paper if you need more space for your answers.

Which category best describes your dream?

Education  Cultural  Sports  Arts  Career  Other: \_\_\_\_\_

What is your short term dream? (Example: To win first place in science fair.)

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What is your long term dream? (Example: To become a pharmacist.)

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Why is this dream important to you?

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What actions have you taken towards achieving this dream? Please list actions in chronological order.

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What actions are still needed to achieve your dream? Please be as specific as possible.

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In what ways can your dream help or benefit our community?

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How can we help you capture your dream? Please provide specific resources requested along with total estimated dollar value. (Example: Science kit and science books, estimated value of \$50.)

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How did you hear about our Capture A Dream program?

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**I certify that the information on this application is true and correct. If any information is found to be untrue, I understand I will be disqualified from this program immediately.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required for Clients Under 18 Years of Age)

\_\_\_\_\_  
Date

# Capture A Dream Application Instructions

Application is not valid until **ALL** of the following have been completed, submitted, and received by Capture the Dream, Inc.:

1. Capture A Dream Application (Pages 1-3)
2. Most Recent Tax Return **OR** Low-Income Addendum
3. Proof of U.S. Citizenship/Residency

Please mail completed applications to (do not include the Application Instructions sheet):

Capture the Dream, Inc.  
Capture A Dream Program  
484 Lake Park Ave #15  
Oakland, CA 94610

Any questions regarding this application may be addressed to:

Albert Yang  
*Capture A Dream* Program Manager  
albert@capturethedream.org