



INDIVIDUAL GRANT APPLICATION

Type Of Grant:

____ Housing ____ Utilities ____ Medical ____ Gas/Transportation

____ Other (specify) _____

Name of Individual Applying for Grant: _____

Address: _____

Phone Number: _____ Email: _____

Are you a Veteran? ____ Yes ____ No

Name of Person Making Application
on behalf of the Applicant (if any) _____

Title: _____

Phone Number: _____

Name of Minister, Doctor or Community Leader Reference: _____

Phone Number: _____

Instructions:

1. Provide a narrative of situation/need for which you are requesting assistance.
2. Be specific about requirement(s)
3. Include supporting material.
4. Note if any other agency, church, or benefits have helped in any way.

Note: It is our procedure to pay grants to the third party the request has been made for if approved. Grants are normally a one-time event. Upon award of grant, Name of Grantee and appropriate description may be released to media or other public use for foundation.

Other attachments to include:

- Copy of last year's tax return and Personal Financial Statement if applicable.
- For situations involving damage to your property, provide description, insurance information and photos.
- For medical situations, provide doctors information and schedule of appointments/treatments.

Financial Information:

Monthly Income Source: _____

Monthly Income Amount: _____

Monthly Expenses:

Rent/Mortgage: _____

Electric: _____ Water: _____

Propane Gas: _____ Garbage Disposal: _____

Phone: _____ Cable: _____

Groceries: _____ Pharmacy: _____

Medical Bills: _____

Gas/Transportation: _____ Medical Supplies: _____

Other (specify): _____

Total Monthly Expenses: _____

Additional Information regarding income:

List Requested Healthcare and/or Medical Supplies and Cost:

Total Cost: _____

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Signature: _____ Date: _____

All Financial or Medicaid Information provided will only be used for evaluation of grants and not provided to third parties without permission.