

# 2017 Grant Application

## General Information

Applicant's Name		Date	
Street Address			
City	State	Zip Code	Phone Number
Occupation	Employer	Employer's Phone Number	

## Household's Information

List All Family Members Living in the Household (include age and relationship to applicant)
Insurance: (check all that apply) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Public Health Assistance <input type="checkbox"/> Medicare
Have you contacted any other organization for assistance? If so, please specify:

## Amount Requested

Please tell us why you are applying for a grant and how the money will be used. Explain any unusual financial situation or other circumstance that might be helpful in reviewing this application. Attach an additional sheet if necessary.	
<b>I certify that the information given is true and accurate to the best of my knowledge</b>	
Signature of Applicant/Guardian	Date

Official Use Only

Approved \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

Disapproved \_\_\_\_\_  
Comments: \_\_\_\_\_