**Three Angels Fund Community Giving Program**

**Grant Request Application Form**

The Three Angels Fund is a 501(c)(3) non-profit organization that supports individuals and families in Newport and Washington Counties who need financial assistance due to cancer treatment or diagnosis. Assistance is available to individuals who live, work, or attend school in Newport or Washington County. Please fill out this application and provide as much information as possible. Applications will be reviewed, and grants approved by the Three Angels Fund Board of Directors, in accordance with the organization’s grant application and award guidelines, a copy of which is available at www.threeangelsfund.org. Grant awards will be based on the need and funds available.

If you have any questions about this application, please contact our board via email at info@threeangels.org.

You can submit your completed application via email to info@threeangels.org or via postal service to:

Three Angels Fund

PO Box 4003

Middletown, RI 02842

**Applicant Information**

Application Date:

Name:

Address:

City:

State: Zip:

Email:

Phone Number:

Have you previously received help from the Three Angels Fund? YES / NO

If yes, when?

**If you are filling out this application for someone else, please provide your:**

Name:

Address:

City:

State: Zip:

Email:

Phone Number:

**Medical Information**

Approximate Diagnosis Date:

Primary Diagnosis:

Physician Information:

Name:

Address:

Phone Number:

Hospital or Treatment Facility:

**Grant Request Information**

Please describe the type of assistance being requested. Examples of assistance include gas cards, pharmacy gift cards, and help with household bills:

I hereby certify that this application is accurate, correct, and complete to the best of my knowledge and belief. Neither I nor any person who will benefit from any grant awarded by Three Angels Fund is, or is related to, (i) a substantial contributor to the Three Angels Fund, (ii) an officer, a director, an employee, or a volunteer of the Three Angels Fund, or (iii) any other person who is closely connected with the Three Angels Fund, the administration of the grant program, or the selection of grantees.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer Initials: \_\_\_\_\_\_\_\_\_\_\_**