**Three Angels Fund Community Giving Program**

**Grant Request Application Form**

Welcome to Three Angels Fund, a registered 501(c)(3) non-profit dedicated to honoring our three angels, Eileen Bulk, Ann Pine, and Nan Bulk, by supporting those in our community impacted by cancer. We understand the overwhelming challenges that come with this life-changing diagnosis and strive to help ease some of the associated financial burdens through direct grants.

To apply for a grant, please fill out this application with as much detail as possible. Your application will be reviewed by our vetting committee, who may reach out if additional information is needed. Final approval of grants is at the discretion of Three Angels Fund’s Board of Directors and is dependent on available funds.

If you have any questions or concerns regarding this application, please feel free to contact Mary Regan at the email below.

This application can be emailed to marycregan@gmail.com or mailed to:

Three Angels Fund

PO Box 4003

Middletown, RI 02842

**Personal Information:**

Application Date:

Name:

Address:

City:

State: Zip:

Date of Birth:

Email:

Phone Number:

Number of Dependents:

**Cancer Diagnosis Information:**

Diagnosis Date:

Type of cancer:

**Physician Information**:

Name:

Address:

Phone Number:

Hospital or Treatment Facility:

**Financial Information:**

Source(s) of income:

Have you applied for financial assistance elsewhere? **YES / NO**

If yes, please list the organizations and status of your application, this would include GoFundMe:

**Other Information:**

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

If yes, when?

**Reason for request:**

Please describe your financial hardship due to your cancer diagnosis and how a grant from Three Angels Fund would help.

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

Name:

Address:

City:

State: Zip:

Email:

Phone Number:

**Applicant Signature:**

I certify that the information provided in this grant application is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my application or revocation of a granted award. I authorize the release of information contained in this application to Three Angels Fund for the purpose of evaluating my request for financial assistance.

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

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

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

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