Three Angels Fund: Grant Application

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 of this life-changing diagnosis and strive to help ease some of the associated financial burdens through direct grants.

To apply for a grant, please complete this application with as much detail as possible. Our vetting committee will review your application and may contact you 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 Jennifer Lopes at jlopes@threeangelsfund.org.

This application can be emailed to jlopes@threeangelsfund.org or mailed to Three Angels Fund PO Box 4003, Middletown, RI 02842

**Patient’s 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, including GoFundMe:

**Other Information**

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

If yes, when?

Reason for Request:

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

**Additional Information for Applicants Who Have Lost a Loved One to Cancer:**

If you are applying as the executor of the estate for someone who has lost a loved one to cancer, please provide the following required information and documentation.

**Name of Deceased:**
(Please provide the full name of the deceased individual.)

**Documentation Confirming Your Status as Executor or Administrator of the Estate:**
(Include legal documents such as letters testamentary or letters of administration confirming your status.)

**Relationship to the Deceased:**
(Detail your relationship to the deceased, such as spouse, child, etc.)

**Date of Death:**
(Must be within the last 180 days. Please provide a copy of the death certificate.)

**Your Personal Information (as the Executor):**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone Number:**

Please ensure all provided information is accurate and complete. This documentation is crucial for verifying your legal authority to apply for a grant on behalf of the deceased’s estate and ensuring that the application is processed in accordance with legal requirements.

**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. Furthermore, I acknowledge that providing false information or fraudulent documentation is illegal and may result in prosecution to the fullest extent of the law. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_