

Michelle Lynn Holsey Foundation Treatment Grant Application Form

Purpose of Treatment Grant: Need based grant for patients that have been affected by cancer or other debilitating diseases.

Items covered by this grant may include:

- **Treatment**
- **Medical bills**
- **Medicine**
- **Transportation to and from treatment**
- **Housing and living expenses during treatment**

Name of Applicant: _____

Address: _____

Phone: _____ E-Mail Address: _____

Applicants Employer: _____

Applicants Annual Income: _____

Copy of last year's tax return required.

Applicants Social Security Number: _____

Applicants Diagnosis: _____

A copy of a diagnosis/prognosis statement or a letter from your doctor is required. The statement is required to be on the doctor's letterhead.

Applicants Current Treatment Plan: _____

Reference: Name: _____

Address: _____

Phone: _____

Relationship: _____

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If applicant is a minor or dependent:

Parents Name: _____

Parents Address: _____

Phone: _____ E-Mail Address: _____

Parents Employer: _____

Parents Annual Income: _____

Copy of last year's tax return required.

Parents Social Security Numbers: _____

Grant Applicant or Parents must:

- **Submit a copy of last year's tax return.**
- **Required Doctors Statement (Signed by Doctor)**
- **Sign a Terms & Conditions of Agreement.**

**Return to: Michelle Lynn Holsey Foundation
Grant Board
P.O. Box 652
Crockett, Texas 75835**

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Terms and Conditions of Agreement:

- I _____ agree to use these funds in accordance with the stated purpose of the Michelle Lynn Holsey Foundation Treatment Grant.

- I understand that the Michelle Lynn Holsey Foundation is in no way responsible for any influence or consequence that may be associated with the recipient's treatment or care.

- I understand that funding is contingent upon the merit of this application; no individual will be discriminated against based on race, religion, creed, nationality or gender.

Name:	Date:
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Signature:

Please return the signed and completed Treatment Grant Application, including the "Terms and Conditions of Agreement" to:

**The Michelle Lynn Holsey Foundation
Grant Board
P.O. Box 652
Crockett, Texas 75835**

**Michelle Lynn Holsey Foundation
Treatment Grant Application Form**

Name of Recipient:

Date of Grant Approval:

Amount Approved:

Disbursement Date:

Notes: