

Michelle Lynn Holsey Foundation Treatment Grant Application Form

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

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: _____

Applicant's Date of Birth: _____ Applicant's Social Security #: _____

Phone: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Employer: _____ Applicant's Insurance: _____

Applicant's Annual Income: _____ Family's Annual Income: _____

Copy of last year's tax return required. Please include schedules C, D, E, & F, Form 4797 or Annual SS or SSI statement. If you have direct deposit, copies of last three months' bank statements showing deposits are acceptable.

Applicant's 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: _____

Name of person referring you to MLHF: _____

Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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Please complete this form if the applicant is a minor or dependent:

Name of Parent / Legal Guardian: _____

Address of Parent / Legal Guardian: _____

City: _____ State: _____ Zip Code: _____

Parent / Legal Guardian's Social Security #: _____

Phone: _____ E-Mail Address: _____

Employer of Parent / Legal Guardian: _____

Annual Income of Parent / Legal Guardian: _____

Copy of last year's tax return required or other financial documents listed on application.

Grant Applicant or Parent / Legal Guardian must:

- **Submit a copy of last year's tax return or other requested financial documents listed on application**
- **Required Doctor's Statement (Signed by Doctor)**
- **Sign a Terms & Conditions of Agreement.**

**Return to: Michelle Lynn Holsey Foundation
Grant Board
P.O. Box 652 / 1200 South 4th St.
Crockett, Texas 75835**

Email to: michellelynnholsey@yahoo.com

For questions, please call Tina Clarke @ 936-204-4600

Fax: 936-544-7513

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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, color, disability, or any characteristic protected by law.

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 / 1200 South 4th St.
Crockett, Texas 75835
michellelynnholsey@yahoo.com
Fax: 936-544-7513
Office: 936-204-4600**