



## Grant Application

Mission Statement: To empower individuals with Multiple Sclerosis to overcome adversity and realize their full potential.

[www.angelsheartsforhope.org](http://www.angelsheartsforhope.org)

Grant Available

April 1- June 30

July 1-September 30

---

Date of Application \_\_\_\_\_

**Applicant Information:**

Name of Individual needing Assistance: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information:**

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

---

Angel Hearts for Hope provides assistance with Medical Bills that are not typically covered by insurance with a matched amount already paid up to \$500.00.

How are you in need of financial assistance? \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**If requesting bills to be paid, we must have a copy of those bills. No request will be granted without sufficient documentation.**

**Provider(s) To Be Paid** (Upon approval of grant, payment is made directly to providers)

Provider(s) information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Provider(s) information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**How did you hear about Angels Heart for Hope?** \_\_\_\_\_