

Tanya Isaac Foundation, Inc.

5620 Crawfordsville Rd, Suite M, Speedway IN 46224

Tanyaisaacfoundation.org

GRANT APPLICATION

PLEASE READ By completing this application, you understand that you may be asked to provide a statement from your physician

Date of Application _____.

Name(s) of Applicant(s) _____.

Address _____ City/State/Zip _____.

Telephone(H) _____ (W) _____ (C) _____.

Email(s) _____.

Employer (if Applicable) _____.

Employer Contact _____ Phone _____.

Number of people in household # _____ (including self) How many under 18 yrs _____.

Total Annual household income by those 18 yrs or older living in the home \$ _____.

Circle YES or NO on the following questions:

- | | | |
|--|-----|----|
| 1 – Are you currently receiving cancer treatments? | YES | NO |
| 2 – Do you live within the Speedway town limits? | YES | NO |
| 3 – Has the Applicant received financial assistance, through this program
or by any other means? | YES | NO |
| 4 – Has anyone in the home been deemed disabled? | YES | NO |
| 5 – Is the applicant a veteran? | YES | NO |
| 6 – Have you filed for Bankruptcy in the past 10 years? | YES | NO |
| 7 – Does the applicant have medical insurance, including Hoosier Healthwise or
Medicare/Medicaid? | YES | NO |

Annual Household Gross Income _____

Monthly Household Expenses _____

Monthly Medical Expenses _____

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9 – Please explain in short detail, printing clear and legible, the request you have.

10 – If chosen for an interview, two members of the Tanya Isaac Foundation, Inc. may choose to meet with you at your home, when would be the best time to meet?

I certify that I have read all information contained in this application, and to the best of my knowledge, is true and accurate. I understand the Tanya Isaac Foundation Inc. is under no obligation to grant my application. If accepted, I should expect a phone call within 30 days.

APPLICANT SIGNATURE _____ DATE _____