**APPLICATION FORM – MEDICAL GRANT FOR UNPRIVILEGED**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | |
| **First Name:** | | |  | | **Last Name:** | | | |  | | |
| **SSN / National ID:** | | |  | | **Date of Birth** | | | |  | | |
| **Address:** | | |  | | | | | | | | |
| **City:** | | |  | | **State:** | | | |  | | |
| **Zip:** | | |  | | **Country:** | | | |  | | |
| **Email:** | | |  | | **Phone:** | | | |  | | |
| **Spouse First Name:** | | |  | | **Spouse Last Name:** | | | |  | | |
| **Spouse National ID:** | | |  | | **Spouse Date of Birth:** | | | |  | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | |
| **Applicant’s Occupation:** | | | |  | | | | **Monthly Income:** | | | **$** |
| **Spouse Occupation:** | | | |  | | | | **Monthly Income:** | | | **$** |
| **Applicant’s Assets:** | | | |  | | | | | | | |
| **Spouse Assets:** | | | |  | | | | | | | |
| **Do you own House:** | | | | **Yes ( ) No ( )** | | **Monthly rent / mortgage:** | | | | | **$** |
| **Other Monthly Liability:** | | | | **$** | | **No of Dependents:** | | | | |  |
| **MEDICAL GRANT INFORMATION** | | | | | | | | | | | |
| **Requested Grant / Year:** | | | |  | | | | | | | |
| **Purpose of the Grant:** | | | |  | | | | | | | |
| **LIST NAME OF CURRENTLY PRESCRIBED MEDICATIONS, IF ANY, ALONG WITH APROX. PRICES** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **☐** | Upon receiving the medical grant, (i) I do agree to send Yearly medical exam report along with list of current prescribed medication to Bestowers Foundation via email at [info@bestowers.org](mailto:info@bestowers.org) ; and (ii) I authorize Bestowers Foundation to use my name and photo for purposes associated with fundraising and fulfilling foundation’s goals. | | | | | | | | | | |
| **SIGNATUARE OF THE APPLICAT** | | | | | | | | | | | |
| **First Name:** | |  | | | | | **Last Name:** | | |  | |
| **☐** | **I do hereby certify that above information is correct and true.** | | | | | | | | | | |
| **Signature:** | |  | | | | | **Date:** | | |  | |