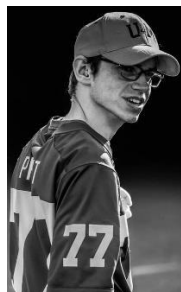


Larry Prout Jr (The Bear) Courage Fund Grant Application



*Person completing and signing application needs to be 18 years of age or older
and has verified all the information is accurate.*

Grant recipient must be a Mott Children's Hospital patient with a chronic, life-threatening, medical condition. If outpatient-same requirements as above including frequent Mott Hospital clinic visit-follow-ups or treatments.

We are currently limiting our grants to \$500 in order to help as many families as possible.

Required: One letter of recommendation from a Mott Hospital physician or social worker currently treating patient verifying medical condition and need for funds. Please attach to application.

Grant Recipient Information– (Individual who is the Mott Patient):

Name: _____

Best Contact Number: _____ Date of Birth: / /

Email Address: _____

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

Grant Amount Requested: \$ _____ Ideal timeline to receive the grant : _____

What is the chronic, life-threatening, medical condition/diagnosis? _____

When (estimated date) did this first occur? _____

Person Completing This Form: (parent – legal guardian)

Name: _____

Best Contact Number: _____ Date of Birth: / /

Email Address: _____

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

Relationship to Grant Recipient: _____

How long have you known the Grant Recipient?: _____

Medical reference with contact information:

(Mott social worker, nurse, or doctor.)

1. Name: _____ Phone: _____

Email: _____

2. Name: _____ Phone: _____

Email: _____

Funding Purpose

Please clearly state the purpose for this grant request and how the funds would generally be used: (Gasoline, groceries, DTE, Consumer Power, or emergency needs.)

Required: One letter of recommendation from a Mott Hospital physician or Mott Hospital social worker currently treating patient verifying medical condition and need for funds. Please attach to application.

Acknowledgement

By signing below, I hereby acknowledge that I certify that the information I have provided on this application is complete and correct. I understand my failure to provide complete, accurate, and truthful information on the application will be grounds to be denied any funding opportunities and/or return any funding received:

Signature: _____ Date: _____

Printed Name: _____

Please submit application by one of the following methods:

By Email: larryprout@larryproutcouragefund.org

By Mail: Larry Prout Jr (The Bear) Courage Fund
Attn: Grant Review Team
1936 Triangle Lake Road
Howell, MI 48843

Please retain a copy of this application for your records. Our grant review team will be in touch with you shortly. Thank you for choosing the Larry Prout Jr (The Bear) Courage Fund, NFP, a registered 501(c) (3).

