

Bedford Foundation Heart of Hope I and Too
P.O.Box 54 Lambertville, MI 48144
karin.sullivan@mybedford.us

APPLICATION

Name of Candidate_____

DOB_____ M_____ F_____

Address_____

City _____ State _____ Zip_____

Contact person_____ are you parent or
guardian? Y_____ n_____

Address (if same you can
skip)_____

City_____ State_____ Zip_____

Best number to be reached _____
cell/work/home

Diagnosis_____

Prognosis_____

Physician_____ phone
#_____

Insurance company_____

Parent one's place of
employment_____

Parent two's place of
employment_____

Annual household income_____ Number in
household_____

Any organizations or fundraisers already helping you? If yes who
and how do they help(This will not exclude you from receiving help from Heart of
Hope I or II)

What things can Heart of Hope help you with?

_____Finding organizations to help further

_____help pay medical expenses

_____help pay for transportation costs

_____ help pay for medical equipment

Any other information that may help committee

Are you willing to help with our fundraisers or help with publicity?

(this will not exclude you from getting funds)

^^^^Please submit physician statement with application

All applicants may be requested to provide additional medical or financial information. Funds awarded
will only be made payable directly to medical provider and/or companies providing services.

Applicant is advised that grants awarded from the Heart of Hope are discretionary and are not guaranteed until notified by Heart of Hope advisory committee.

The Bedford Community Foundation Board and Heart of Hope I and II advisory committee reserve the right to reject any application for any funding whenever they, in their discretion deem it necessary for any or no reason. They are not responsible for any loss or injury resulting in applying for funding from the Heart of Hope

I and II

When application is complete please submit to the PO box listed above, or to Karin Sullivan at Bedford Junior High School 8405 Jackman Road 734-850-6272