



GABRIEL'S FOUNDATION OF HOPE

Benefits/Grant Application

Help Overcome Persevere Encourage

APPLICANT INFORMATION – PLEASE PRINT LEGIBLY

Name:		
Date of birth:	Cell Phone:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Email:		

DISABILITY INFORMATION

Medical name for disability:
Please describe your condition:

NEEDS INFORMATION

Briefly describe the needs we can assist you with. What will this grant be used for?:

Amount of Grant requested: \$ _____

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

REFERENCES

Name	Address	Phone

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Gabriel's Foundation of HOPE membership benefits include our quarterly newsletter and email distribution list. Filling this application out allows our organization to keep you informed of scholarships, grants and other information that will help your family as you deal with your situation. Our success depends on accurate membership information so that we can serve your needs. Please contact us at foundhope@comcast.net if you have any questions about this application. Our office phone number is 425-483-0750



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Signature of applicant:

Date:

Signature of parent of guardian:

Date:

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