



## GRANT ASSISTANCE APPLICATION

Please read the attached Financial Assistance Policy in its entirety (separate from this application). This includes important information regarding the requirements for the application. Any incomplete applications will be denied and/or delayed. Applicants can request up to a maximum amount of \$2,500.00 (not a guaranteed amount).

### Applicant Information

Application Date: \_\_\_\_\_ Amount Requesting: \_\_\_\_\_

Applicant's (patient) Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Length of time you have resided in Campbell County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Insurance sources: \_\_\_\_\_

Employment status: \_\_\_\_\_ Employer: \_\_\_\_\_

List ALL sources of household income (including spouses/significant others): \_\_\_\_\_

Verifying Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Where is the patient receiving care? \_\_\_\_\_

If approved, how will the funds be used? \_\_\_\_\_

Please use the space below to tell us "your story". How could the grant money help you financially? Include any community involvement you have (volunteering, board involvement etc.). You may attach additional pages if necessary.

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I consent that my treating physician will furnish to the Committee any additional information concerning my health or physical condition as requested by the committee. I understand that my application cannot be processed until I have submitted ALL required information and documents to the address shown at the bottom of this application. By signing below, I certify that this request has been made voluntarily, that I have read and understand this application and that the information given above is accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your application can be mailed, emailed or delivered to NEW Community Health Foundation. Please allow up to 2 weeks for review of the application. Be sure to keep a copy of your grant application and all other documentation.

1901 Energy Court, Suite 265 Gillette, WY 82718 [info@newcommunityhealth.org](mailto:info@newcommunityhealth.org) [www.newcommunityhealth.org](http://www.newcommunityhealth.org)  
5.22.23

