

BEF LUNG TRANSPLANT ASSISTANCE GRANT PROGRAM

GRANT APPLICATION FORM

Personal Information

First name:

Last name:

Prefix: Mr. ___ Ms. ___ Mrs. ___

Birthdate: ___/___/___

Country of Citizenship:

Social Security Number:

Have you applied for a grant before? Yes ___ No ___

Did you receive one? Yes ___ No ___

Gender: Male ___ Female ___

Contact Information

Email:

Address:

City:

State, ZIP:

Telephone:

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain in a separate paragraph.

Please compile and send by mail the following:

- 1) A letter from the patient's social worker/MD stating that the patient has cystic fibrosis and verifying that the patient and his or her family are in need of financial assistance;
- 2) A letter from patient or patient's parents/guardians indicating how much money is needed and where the funds should be allocated. If possible, please specify reasons for the grant (i.e. rent increase, transportation issues, etc.). Include jobs held by primary income earners in the family and annual wages earned for the past 3 years. Indicate at what stage in the transplant process the patient is at present. Please note that the more detail this letter provides, the more attention the evaluation committee will give your application. Typical letters are a page in length;
- 3) Latest fiscal year W-2 tax forms for you and your family (if applicable); and
- 4) A picture of the patient.

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any grant offered to me. BEF may verify any and all party of my application materials.

Date: ___/___/___

Applicant's signature: _____

Please mail completed form to Boomer Esiason Foundation, Lung Transplant Grants Program, 52 Vanderbilt Avenue – 15th Floor, New York, New York, 10017.