



APPLICATION FORM

Prefix: Mr. ____ Mrs. ____ Ms. ____

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Country of Citizenship: _____

Social Security Number: _____

Birthdate: ____/____/____

Gender: Male ____ Female ____

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

Did you receive one? Yes ____ No ____

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/physician 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 three 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 one page in length.
- 3) Latest fiscal year W-2 tax forms for patient and patient's family (if applicable).
- 4) A photo 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 rescision of any grant offered to me. BEF may verify any and all parts of my application materials.

Applicant's signature: _____

Date: ____/____/____

Please mail completed form and all supporting materials to:

Boomer Esiason Foundation
Lung Transplant Grants Program
483 10th Avenue, Suite 300
New York, NY, 10018
Tel: 646-292-7930