

The Living Breath Foundation Financial Aid Grant Application

Program overview and application instructions.

Award Details: Grant amount to be determined by the Board of Directors of the Living Breath Foundation.

Eligibility Criteria: Living Breath Foundation financial aid grants are open to individuals with Cystic Fibrosis, who reside in **California and Arizona** and are US citizens.

Selection Criteria: The committee will take into consideration each applicant's financial need at the time of the request.

Application Instructions: Please read these instructions carefully. If you have any questions, please call (831) 392 -5283 or email The Living Breath Foundation at LivingBreathFoundation@gmail.com

1. Complete this entire application form and submit all the requested additional information. If there are items that are not relevant to you, write N/A.
2. If the applicant is a minor, please fill out Section A. If the applicant is an adult, please fill out Section B.
3. Mail the completed application to:

**The Living Breath Foundation
2031 Marsala Circle
Monterey, CA 93940**

4. After the Foundation receives your application, you will be contacted by phone for an interview.

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Personal Information of the Individual with CF

Name: Last _____ First _____

Gender: M F (circle)

Date of Birth _____ Social Security: _____

Street address: _____

City: _____ State: _____ Zip _____

Email: _____

(If the applicant is a minor, please provide a parent's email)

Phone: _____

Have you applied for a LBF grant before? YES NO (circle)

Did you receive one? YES NO (circle)

How did you learn about the LBF? _____

What type of insurance coverage do you have? _____

What is your yearly deductible? _____

What is your co-payment? _____

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Section A. Fill this section out if the applicant is a minor.

Family information

Father's name _____

Social Security _____

Address _____

City _____ State _____ Zip _____

Date of birth _____

Father's Yearly income _____

Mother's name _____

Social Security _____

Address _____

City _____ State _____ Zip _____

Date of birth _____

Mother's Yearly income _____

Please include a copy of pay stub(s) or most recent income tax return

Ages of siblings _____

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Section B. Fill this section out if the applicant is an adult.

Applicant's yearly income _____

Marital status: (check one) Single ___ Married ___

If married:

Spouse's name: _____

Spouse's yearly income _____

Please include a copy of pay stub or most recent income tax return

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Applicant's request for aid:

- 1 Please provide a one- to two-paragraph statement describing why you need financial assistance at this time, and how The Living Breath Foundation could provide that to you. Your personal statement will be reviewed by our board of directors. **We will not accept your application without a personal statement.**
- 2 Please send a copy of **ONLY** the item(s) that you need help with.

THESE ARE ONLY EXAMPLES:

- A copy of unpaid bills from the *hospital, doctors, or pharmacy.
 - A copy of hotel expenses incurred while child or spouse is in the hospital.
 - A copy of un-reimbursed medical equipment.
- 3 A letter from your doctor confirming a diagnosis of Cystic Fibrosis.

***Note if you are applying for help with a hospital bill you must first apply for aid directly from the hospital and then provide us with their letter of denial.**

Consent to review financial information

I give permission to the Living Breath Foundation's board members to view the information on this form and information submitted with this application.

Applicant's signature: _____ Date _____

Complete this section if you are providing the financial information for anyone other than yourself.

(If applicant is a minor please include one of the following)

Father's signature: _____ Date _____

Mother's signature: _____ Date _____

(If applicable:)

Spouse's signature: _____ Date _____

***All financial information will be kept strictly confidential.**

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Application Certification

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 invalidation of any grant offered to me. The Living Breath Foundation may verify any and all parts of my application materials. If they award me a grant, I give my permission to publicize my name. I also understand that it will be necessary to provide my social security number to the Living Breath Foundation if I am selected as a recipient.

Applicant's signature: _____ Date: _____

Parent signature if applicant is a minor:

_____ Date _____