GEST Foundation, Inc.

GRANT APPLICATION

1. GENERAL INFORMATION

1. Name:					
2. Address	**House/apt. # & street:**				
	City:		**Prov. / state:**	Choose an item.	
	Postal / zip code:				
3. Phone	**Home:**		**Cell:**		
4. Email:					
5. Marital status:	Choose an item.				
6. # Of dependents:	Choose an item.				

Name, Age, Relationship to Affected Person, and medical illnesses (if any) for each:
(Attach additional sheets if necessary)

Name:	Age:	Relationship:	Medical illness:
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

GEST Foundation, Inc.

2. EMPLOYMENT INFORMATION

1. Employer name:			
2. Position:			
3. Status:	Choose an item.		
4. Average # of hrs/wk:	Choose an item.		
5. # Of years employed:	Choose an item.	**6. # Of months employed:**	Choose an item.

3. REASON FOR APPLYING

1. Details leading to application: (Fill in as much information as possible. Be specific. If necessary attach additional sheet.)	
2. Describe immediate basic needs: (Fill in specific information regarding your needs. Whether it is cleaning services, transportation, financial consulting, financial assistance, etc.)	

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4. MEDICAL CONDITION / DIAGNOSIS / PROGNOSIS

Do you have any of the following?

DISABILITY APPLICATION STATUS				
1. Long-Term Disability:	Choose an item.	Commencement Date:		
		Termination Date:		
2. Short-Term Disability:	Choose an item.	Commencement Date:		
		Termination Date:		
3. Worker's Compensation:	Choose an item.	Commencement Date:		
		Termination Date:		
4. Social Security Disability:	Choose an item.	Commencement Date:		
		Termination Date:		
5. Expected Length Of Hardship	# Of years:	Choose an item.	# Of months:	Choose an item.
6. Does Applicant have financial responsibility for the Affected Person?				Choose an item.
7. Does Applicant or Affected Person have insurance to cover medical bills?				Choose an item.
8. Does Applicant or Affected Person need help with basic living expenses?				Choose an item.
If yes to # 8 above list which living expenses:				

5. FINANCIAL INFORMATION

	Applicant / Affected Person	Spouse
Gross Monthly Pay		
Income from Second Job/Self-Employment	$	$
Income from Social Security/Pension	$	$
Monthly Disability Income	$	$
Monthly Worker's Compensation	$	$
Monthly Spousal Support	$	$
Monthly Expenses		
Mortgage/Rent	$	$
Utilities (Gas, Electric)	$	$
Water/Sewer/Garbage Pick-Up	$	$
HOA Assessments	$	$
Car Insurance	$	$
Car Maintenance (Gas, oil changes)	$	$
Phone	$	$
Groceries	$	$
Credit Cards	$	$
Other	$	$
NET INCOME		

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6. FINANCIAL RESOURCES

Current Checking Account Balance:	**$**
Current Savings Account Balance:	**$**
Go Fund Me or other Crowd Funding:	**$**
401(k)/IRA/Roth IRA Account Balance:	**$**
- **Have you requested a loan?**	Choose an item.
- **Is there an outstanding loan?**	Choose an item.
Is there equity in your home?	Choose an item.
- **If yes, how much?**	**$**

GEST Foundation, INC., does not issue checks directly to recipients of its grants. Please provide direct deposit information to your financial institution or Name, Address and Account Number of the expense you wish GEST Foundation, Inc. to make payment on your behalf.

Financial Institution Name:		**Name of Provider:**	
Routing Number:		**Address:**	
Account Number:		**Account Number:**	

7. REQUIRED DOCUMENTATION

Your application will not be considered until GEST Foundation, Inc., receives the following documents:

1) Physician statement identifying the type of illness/injury, length of time Applicant/Affected Person is expected off work. If spouse, include payroll stubs or Employer letter showing unpaid time.

2) Physician statement or copies of bills showing costs incurred or to be incurred to receive treatment and stating such expenses were/are medically necessary.

3) Copies of documents supporting income and expenses.

GEST Foundation, Inc.

8. ACKNOWLEDGEMENT

I have read and understand that GEST Foundation, Inc. is relying on the information provided in this application to make a determination whether I will receive a grant of money which need not be repaid. I also acknowledge that should I receive a grant which I no longer need that it is my obligation to notify GEST Foundation, Inc. immediately and repay such grant. I affirm under penalty of perjury that the information I have provided on behalf of myself or an Affected Person is true and complete to best of my knowledge and belief after making diligent inquiry.

_____ **Date:_____**

Signature of Applicant/Affected Person

Printed Name:_____

9. APPROVAL / REJECTION

THIS SECTION FOR GEST FOUNDATION, INC., BOARD OF DIRECTORS FOR THE APPROVAL OR REJECTION OF SUBMITTED GRANTS

GEST BOD Member:	Status:	Signature:	Date:
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		