



1. GRANT APPLICATION INSTRUCTIONS

We at the GEST Foundation would like to thank you for taking the opportunity to allow us to serve you and your needs. Please read the following information carefully and do your best to provide as much information as possible in order to enable our Grant Committee to evaluate your application as best as possible.

GEST Foundation, Inc., reserves the right to require additional information / documentation if necessary to have a better understanding of the needs of each applicant. You may be contacted to request such information / documentation.

1. Approval Process

For the Fiscal year of **2018**, the current Grant Award has been limited to **\$500.00 USD**.

- A. Grants received by the GEST Foundation shall be reviewed monthly by the Grant Committee
- B. Approval process shall be completed within forty-five (45) days from the receipt of the application
 - a) Notice of award will be issued upon Grant Committee approval
 - i. Notice of award shall be provided by email, telephone, and or regular mail
 - ii. Awardee must respond to the notification within twenty (20) days from the date of award by emailing: grant@gestfoundation.com or by calling: [956.832.9188](tel:956.832.9188)
 - b) GEST Foundation is not obligated to inform the applicant(s) if application has been rejected.
- C. Applications received by the GEST Foundation will be retained for a rolling period of no longer than 12 months from the date of submission.
 - a) **New Application required after 12 months**

2. APPLICATION SUBMISSION INSTRUCTIONS

- A. Email: grant@gestfoundation.com
- B. Mail: ATTN: Grant Application, **403 W. Grand Pkwy S., Ste. F, #113, Katy, TX., 77494**



GRANT APPLICATION FORM

2. GENERAL INFORMATION

If you are applying for a grant for someone, please fill out all the information below. If you are applying for yourself, please go to "Person affected by cancer"

"Person Applying"			
1. Name:			
2. Address	House / apt. # & street:		
	City:		Prov. / state: Choose an item.
	Postal / zip code:		
3. Phone	Home:		Cell:
4. Email:			
5. Relationship to affected person:			
6. Driver's License # and State*:			
* <u>NOTES:</u>	<ul style="list-style-type: none"> Attach a copy of your driver's license with the application 		

"Person Affected by cancer"			
1. Name:			
2. Address	House / apt. # & street:		
	City:		Prov. / state: Choose an item.
	Postal / zip code:		
3. Phone	Home:		Cell:
4. Email:			
5. Date of Birth:			
6. Diagnosis*:			
7. Date of diagnosis			
8. Driver's License # and State*:			
* <u>NOTES:</u>	<ul style="list-style-type: none"> Provide a Physician's Statement if possible Attach a copy of your driver's license with the application 		

3. REASON FOR APPLYING

1. Details leading to application: (Fill in as much information as possible. Be specific. If necessary, attach additional sheet.)	
---------------------------------------------------------------------------------------------------------------------------------------------	--



GEST Foundation, Inc.

<p>2. Describe immediate basic needs: (Fill in specific information regarding your needs. Whether it is cleaning services, transportation, financial consulting, treatment, financial assistance, etc.)</p>				
<p>3. Amount requested: (Be specific. If necessary, attach additional sheet. Please check box if the request is a one-time request, monthly, or annual.</p>	<p>\$1 - \$250 USD* <i>(Check box if applying for this amount)</i></p>			<input type="checkbox"/>
	<p>\$251 - \$500 USD* <i>(Check box if applying for this amount)</i></p>			<input type="checkbox"/>
	<p>One Time Request</p>	<input type="checkbox"/>	<p>Monthly</p>	<input type="checkbox"/>
<p>4. How did you hear about GEST Foundation, Inc.?</p>				
<p>*NOTES:</p>	<ul style="list-style-type: none"> • For amounts \$251 - \$500 more information may be required • Current maximum Grant award is \$500.00. • Upon successful nomination and approval to receive a Grant from the GEST Foundation, INC., you will be contacted to arrange transfer / payment of approved funds to a nominated account, or you may opt to have the required grant monies paid to the specific service to which you are applying for a grant. 			

4. ACKNOWLEDGEMENT

1. I have read and understand that GEST Foundation, Inc. is relying on the information provided in this application to decide whether I will receive a grant of money which need not be repaid.
2. 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.
3. By signing this application, I give consent for my picture/video to be taken for the purposes of the GEST Foundation Inc., to be used on all public documentation/social media whether paper, or electronic.

Signature of Applicant / Affected Person

Date: _____

Printed Name: _____



5. GEST FOUNDATION BOARD REVIEW

THIS SECTION IS FOR GEST FOUNDATION, INC., **GRANT COMMITTEE** FOR THE APPROVAL OR REJECTION OF SUBMITTED GRANTS

Committee Member:	Status:	Signature:	Date:
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		

DECISION					
APPROVED:		DATE:		REJECTED:	

3. Notification Checklist

Check Box:	Description:	Sent by (Initials):
	Email Sent	
	Letter Sent	
	Placed phone call	

NOTES: