



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 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.

1.1 Approval Process

- A. For the Fiscal year of **2021**, the current maximum Grant Award has been limited to **\$500.00 USD**.
 - a) The Grant amount awarded is determined during each end of month review by the Grant Committee, and per financial review.
- B. Grants received by the GEST Foundation are reviewed monthly by the Grant Committee
 - a) **In TABLE 2, please check if New Applicant or Repeat Applicant**
- C. 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.
- D. 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 twelve (12) months
 - b) Applicants may only submit one (1) grant per calendar year

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

1. GENERAL INFORMATION

- If you are applying for a grant on behalf of someone, please fill out all the information below in Tables 1 and 2.
- If you are applying for yourself, please go to Table 2: "Person affected by cancer."

Table 1: "Person Applying" (Fill out if applying on behalf of someone else)			
1. Name:			
2. Address	House / apt. # & street:		
	City:		Prov. / state:
	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"> • You must attach a copy of your driver's license with the application 		

Table 2: "Person Affected by cancer."			
PLEASE CHECK ONE:	NEW APPLICANT:		REPEAT APPLICANT:
1. Name:			
2. Address	House / apt. # & street:		
	City:		Prov. / state:
	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 • You must attach a valid copy of your driver's license with the application 		

2. REASON FOR APPLYING

1. Details leading to application: (Fill in as much information as possible. Be specific. If necessary, attach additional sheet.)	
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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. How did you hear about GEST Foundation, Inc.?</p>	
<p>*NOTES:</p> <ul style="list-style-type: none"> • Current maximum Grant award is \$500.00. • The Grant amount awarded is determined during each end of month review by the Grant Committee, and dependent on financial review. • 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. 	

3. 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: _____