



Application Form for Marr-Anderson Family Foundation Grant for Medical Needs

These grants are available to persons who are citizens or legal permanent residents of the United States and who have extraordinary medical needs and a demonstrated financial need for assistance. Recipients will be selected in an objective and nondiscriminatory manner, and the Marr-Anderson Family Foundation will not discriminate on the basis of race, color, nationality, religion, ethnicity or gender. No individual who is a relative by blood or marriage of anyone on the Marr-Anderson Family Foundation's Grants Committee is eligible to receive an award. No employee of the Marr-Anderson Family Foundation or member of such employee's family is eligible to receive an award. No disqualified person with respect to the Marr-Anderson Family Foundation is eligible to receive an award.

In connection with this application, applicants are required to provide the following:

- Basic contact information;
- A description of your medical diagnosis;
- A statement prepared by your physician describing in detail your extraordinary medical needs; and
- Proof of income/asset levels for applicant and the applicant's parents/guardians, if applicable.

General Instructions to Applicant

1. Complete and return an application to Marr-Anderson Family Foundation, P.O. Box 6039, Falmouth, Maine 04105.
2. Failure to complete any portion of the application greatly reduces your chance of being awarded a grant.

APPLICATION

1. Personal Information

Full name of applicant _____
Home telephone number _____ Email address _____
Present home address _____
City _____ State _____ Zip _____
Citizenship _____ Country of Legal Residency: _____
Date of birth _____

2. Family Information

(if under the age of 18 or under legal guardianship)

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City,St.,Zip _____	City,St.,Zip _____
Phone number _____	Phone number _____

Attach additional sheets if you have more than 2 parents/guardians.

Name and ages of siblings/other dependents.

Name	Relationship	Age
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3. Medical Information

a. Please describe your medical diagnosis

b. What type of assistance would you like to receive, and how would this assistance meet your medical needs?

4. Physician's Statement

Please attach a statement, prepared by your physician, describing your medical diagnosis and the extent of your current medical needs.

5. Financial Need Summary

Complete this section regarding Estimated Combined Net Income of you and (if applicable) your parent(s) or guardian(s) for the current year. Please enclose copies of your (and, if applicable, your parent's/guardian's) most recent Federal Income Tax returns (Forms 1040). In addition, please list your/your parent's/your guardian's total net worth, including all assets and liabilities. Attach additional sheets if necessary.

	Parent/Guardian 1: _____	Parent/Guardian 2: _____
<i>Income and Year</i>		
<i>Real Estate Investments (including current residence and equity in current residence)</i>		
<i>Financial Investments</i>		
<i>Retirement Savings (Include IRA, ROTH, 401K)</i>		
<i>Additional Assets</i>		
<i>Liabilities</i>		
Total Net Worth		

I do state the above information is accurate to the best of my knowledge.

The Applicant has completed this application ("Application") for a grant ("Grant") from the Marr-Anderson Family Foundation ("Foundation"), which includes the terms and conditions of the Grant. The Applicant understands that by submitting that Application, and signing the Application herein that he/she is agreeing to the terms and conditions of the Grant outlined below:

- The Grant funds may only be used to pay for the medical needs of the Applicant.
- When possible, the Grant will be payable directly to the medical institution that the Applicant plans to use or has used, and may only be applied by the medical institution for the medical expenses of the Applicant.
- Applicant understands, acknowledges and agrees that the Foundation is required by law to disclose the Applicant's name, address and the amount of any funds paid to Applicant or on Applicant's behalf by the Foundation and the purpose of the Grant on the Foundation's tax return which is filed with the U.S. Internal Revenue Service and that, as a result, this information will become public.
- Applicant understands that Applicant must submit a report, at least annually, as well as on completion of the Grant funding, to the Foundation regarding the use and application of the Grant funds. Applicant agrees to provide the foundation with an annual report and to report to the Foundation upon completion of the Grant funding. The report provided to the Foundation will include a detailed accounting of all funds awarded under the Grant.

Signature of Applicant _____ Date _____