

Application for a Family Grant Request

Please fill in the form below and send your request to – Family Grants Committee, **New Church Challenge**, PO Box 277, Bryn Athyn, and PA 19009.

1. What is the name and nature of the program, service or equipment for which financial aid is being requested? Where applicable, provide the name and phone number of a contact person whom we can call for information.

2. Please provide two referrals, one from your pastor or visiting minister.

3. What is the purpose of your request and specifically how will it serves your family member with the disability? What do you hope it will accomplish?

- 3a. Are you aware that we ask the family to contribute something toward the requested program?

4. Clearly state the cost. Please be specific by giving details as to the number and extent of sessions, costs per session, etc., should be included. If the request is for equipment or assistive devices, please indicate if there is a range of options available and what will best suit your needs.

Number of sessions	[]	Total cost of program	[]
Cost per session	[]	Name of assistive device	_____

5. Explain in general terms why these expenses pose a financial hardship. The committee may request more detailed financial information in coming to a decision.

6. Income under \$50,000. per year [] Income \$50,000. To \$75,000. []
Income over \$100,000 []

7. Have you explored other sources of financial aid (public or private)? Yes No

Is the program or device covered by your medical insurance? Yes No
How much will your insurance cover of the total cost. _____

Is there any state or county funding available to you for this? Yes No

Is there any agency or organization willing to contribute toward your need? Yes No

Your name, address and phone number: Date:

Your email address (if you have one):_____

Name and age of the person for whom the request is being made:

Diagnosis and history of the person:

Address of the person for whom the request is being made:

At the end of the program, please send a report about the benefits that have been realized.
This will help in determining if there is an on-going need and whether or not to consider
other programs of this nature in the future. Thank you.

I assert that the above information is correct to the best of my knowledge.

Signature _____

