



Application for Pay It Forward Grant

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Gender: M F T Single Married Divorced Domestic Partnered Widowed

Preferred method and time for us to contact you: _____

FINANCIALS

Pay It Forward Grants are needs based and offered to individuals who fall within 200% of the current Federal Poverty Guidelines. You will be required to provide documentation of your income (tax return) before being awarded a grant. These are one-time grants.

How many people in your household: _____ Monthly Income: _____

Any other financial circumstances you'd like us to know about: _____

HEALTH CONCERNS

How would a Pay It Forward grant serve your current health needs? _____

Is complementary alternative medicine currently a part of your health care regime? (acupuncture, natural supplements, massage, body work, traditional healing, etc.) If so, what modalities? _____

PAY IT FORWARD

This program includes the good-faith agreement of grantees to donate 4 hours of volunteer services for every \$100 of grant money received at local nonprofits or other charitable organizations. Are you willing and able to comply with this program requirement? _____

If not, please explain. (we are willing to work with special circumstances): _____

Signature: _____ Date: _____