The Living Breath Foundation
Financial Aid Grant Application

Program overview and application instructions.

Award Details: Grant amount to be determined by the Board of Directors of the Living Breath Foundation.

Eligibility Criteria: Living Breath Foundation financial aid grants are open to individuals with Cystic Fibrosis who reside in **California and Arizona** and are **US citizens.**

Selection Criteria: The committee will consider each applicant's financial need at the requested time.

Application Instructions: Please read these instructions carefully. If you have any questions, please call (831) 392 -5283 or email The Living Breath Foundation at LivingBreathFoundation@gmail.com

Complete this entire application form and submit all the requested additional information. If there are items that are not relevant to you, write N/A.

All applications must include your most current tax returns (just the front two pages that show your income, we don't need the full tax return) and your most current payroll stub. If you are not working, please include your SSI, SSDI, or Social Security proof of income.

EVERY aid submitted must include a personal statement of why you need assistance and how we can help you. This only needs to be a paragraph or two.

Provide a letter from your doctor confirming you have CF.

If the applicant is a minor, please complete the family information page.

Mail the completed application to

The Living Breath Foundation
2031 Marsala Circle
Monterey, CA 93940
Any emailed application must be in PDF form as one single document. Do not include multiple attachments.

After the Foundation receives your application, you will be contacted by someone at the Foundation for a phone interview. This helps us to understand your needs better.

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Personal Information of the Individual with CF

Name: Last_____ First_____

Pronouns: he/him, she/her, they/them (circle)

Date of Birth_____ Social Security:_____

Street address:_____

City:_____ State:_____ Zip_____

Email:_____
(If the applicant is a minor, please provide a parent's email)

Phone:_____

Have you applied for an LBF grant before? YES NO (circle)

Did you receive one? YES NO (circle)

How did you learn about the LBF? _____

What type of insurance coverage do you have? _____

What is your yearly deductible? _____

What is your co-payment? _____

Fill this section out if the applicant is an ADULT ---go to the next page for a child.

Applicant's yearly income: from work, SSI, SSDI, or Social Security
_____

Martial status: (check one) Single___ Married___

If married:

Spouse's name:_____

Spouse's yearly income_____

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Fill this section out if the applicant is a minor.

Adult applicants, please skip this page.

Family information

Father's name_____

Social Security _____

Address_____

City _____State_____ Zip _____

Date of birth_____

Father's Yearly income_____

Mother's name_____

Social Security _____

Address_____

City _____State_____ Zip _____

Date of birth_____

Mother's Yearly income_____

Ages of siblings_____

Do the parents live in the same household? Yes or No (circle)

Do both parents provide financial support? Yes or No (circle)

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Applicant's request for aid:

1 Please provide a one- to two-paragraph statement describing why you need financial assistance and how The Living Breath Foundation could help you.

Our board of directors will review your personal statement.

We will not accept your application without a personal statement.

2 Please send a copy of **ONLY** the item(s) you need help with.

THESE ARE ONLY EXAMPLES:

- A copy of unpaid bills from the *hospital, doctors, or pharmacy.
- A copy of hotel expenses incurred while the child or spouse is in the hospital.
- A copy of un-reimbursed medical equipment.

3 A letter from your doctor confirming a diagnosis of Cystic Fibrosis.

***Note that if you are applying for help with a hospital bill, you must first apply for aid directly from the hospital and then provide us with their denial letter.**

Consent to review financial information

I give permission to the Living Breath Foundation's board members to view the information on this form and the information submitted with this application.

Applicant's signature:_____ Date_____

Parent signature for minor applicants_____ Date_____

***All financial information will be kept strictly confidential.**

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Application Certification

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the invalidation of any grant offered to me. The Living Breath Foundation may verify all parts of my application materials. If they award me a grant, I give my permission to publicize my name. I also understand that I must provide my social security number to the Living Breath Foundation to qualify for a grant.

Applicant's signature:_____ Date:_____

Parent signature if the applicant is a minor:

_____Date_____

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Check list

☐ Application completely fill out and signed by the applicant or parent.

☐ Personal statement

☐ Tax return and income verification

☐ Letter confirming my CF diagnosis

☐ Supporting documents bills, medical statements,