



Three Angels Fund Grant Request Application Form

The Three Angels Fund is a 501(c)(3) non-profit organization that provides support for individuals and families with connections to Aquidneck Island who need financial assistance due to cancer treatment or diagnosis. Assistance is available to individuals with ties to the Aquidneck Island community. Please fill out this application and provide as much information as possible. Applications will be reviewed, and grants approved by the Three Angels Fund Board of Directors, in accordance with the organization's grant application and award guidelines, a copy of which is available at www.threeangelsfund.com. Grant awards will be based on need and funds available. If you have any questions about this application, please feel free to contact Andrew Bulk at 401-862-2188. This application can be emailed to threeangelsfundinfo@yahoo.com or can be mailed to:

Three Angels Fund
PO Box 4003
Middletown, RI 02842

Applicant Information

Application Date:

Name:

Address:

City:

State: Zip:

Email:

Phone Number:

Have you previously received help from the Three Angels Fund? YES / NO

If yes, when?

If you are filling out this application for someone else, please provide your:

Name:

Address:

City:

State: Zip:

Email:

Phone Number:

Medical Information

Approximate Diagnosis Date:

Primary Diagnosis:

Physician Information:

Name:

Address:

Phone Number:

Hospital or Treatment Facility:

Grant Request Information

Please describe the type of assistance being requested. Examples of assistance include gas cards, pharmacy gift cards, and assistance with household bills:

I hereby acknowledge and certify that this application is true, correct and complete to the best of my knowledge and belief and neither I nor any person who will benefit from any grant awarded by Three Angels Fund is, or is related to, (i) a substantial contributor to the Three Angels Fund, (ii) an officer, a director, an employee, or a volunteer of the Three Angels Fund, or (iii) any other person who is closely connected with the Three Angels Fund, the administration of the grant program, or the selection of grantees.

Applicant Signature: _____

Date: _____

Three Angels Board

Approval Date: _____

Seal: