

Application for Funding



"Helping Intellectually Disabled Children, One Blessing at a Time"

P.O. Box 1232
Cedar Falls, IA 50613

It is the mission of Beau's Beautiful Blessings, Inc. to educate, raise awareness and raise money for children in our community with intellectual disabilities, brain abnormalities, brain injuries and epilepsy. We provide funding for these types of children (up to the age of 18 years) whose families can't afford certain items; i.e. camp scholarships for special needs camps, medically necessary equipment uncovered by health insurance, scholarship money to attend a special conference related to a rare brain diagnosis, money towards a therapy or companion or seizure response dog, etc. Due to the number of requests, we may not be able to provide funding for every applicant that applies.

Name of Person Filling Out This Form: _____

Relationship to Applicant: _____ **E-Mail Address:** _____

Address: _____ **Phone #:** _____

Applicants Name: _____ **Applicants Date of Birth:** _____

Address of Applicant: _____

Phone # of Applicant: _____

What is the medical diagnosis/history of applicant?

What are you applying for funding for?

Please list the name/contact information for the particular camp, medical supply company etc. that would be providing you with the service/item that you are requesting funding for:

Without financial assistance, would this be a financial hardship on your family? Explain

Have you applied with us before? _____

Please tell us why we should choose this applicant to receive funding:

I understand that the information I provide in this application will be used by Beau's Beautiful Blessings, Inc. for the purpose of determining eligibility for financial assistance. The Board of Directors of Beau's Beautiful Blessings, Inc. makes the final determination of eligibility and the dollar amount given for funding. The amount of the funds given out varies and I understand that I should not make any financial decisions based on an expectation of what I might receive in funding.

I give permission to Beau's Beautiful Blessings Board of Directors to contact any medical provider, state agency, insurer, employer or any other contact to verify or collect information relevant to this application for the purpose of determining eligibility. I understand and I authorize Beau's Beautiful Blessings, Inc. to use my name and photo for promotional purposes if I am chosen to receive assistance.

I HEREBY SWEAR THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of person completing the form

Date

Printed name

***Along with this completed application, please attach a letter of reference from one of the following: physical therapist, speech therapist, occupational therapist or physician. Mail your completed application and letter of recommendation to:**

**Beau's Beautiful Blessings, Inc.
Attn: Amanda
P.O. Box 1232
Cedar Falls, IA 50613**