



# PW Grant Application

PERSON COMPLETING THIS FORM: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ ADDRESS \_\_\_\_\_

E-MAIL ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ PREFERRED CONTACT METHOD: \_\_\_\_\_

The Princess Warrior Foundations provides assistance of up to \$500 per request.

ASSISTANCE YOU ARE REQUESTING:

UTILITY  TRAVEL EXPENSES  MEDICAL EXPENSES  OTHER \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ IS PARTIAL PAYMENT OKAY?  YES  NO

PAY BILL DIRECTLY - COMPANY \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ YOUR ACCOUNT NUMBER: \_\_\_\_\_

CHECK TO THE ORDER OF: \_\_\_\_\_

VISA/MASTERCARD GIFT CARD

Family story: Please include a brief history of your child's diagnosis and side effects, frequency of medical appointments, location of treatment facility, impact the diagnosis has had on other members of the family, and any needs you feel could be met with assistance from the Princess Warrior Foundation.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONFIDENTIALITY AGREEMENT: YOUR SIGNATURE ON THIS DOCUMENT AUTHORIZES THE PRINCESS WARRIOR FOUNDATION, INCLUDING COMMITTEE MEMBERS AND VOLUNTEERS, TO USE THIS INFORMATION TO PROCESS GRANT REQUESTS ON YOUR BEHALF. ALL INFORMATION LISTED OR SHARED WITH THE PRINCESS WARRIOR FOUNDATION WILL BE HELD IN COMPLETE CONFIDENCE DURING OUR INTERNAL PROCESSING. NO INFORMATION WILL BE GIVEN TO A THIRD-PARTY FOR ANY REASON.

MAIL TO: PO BOX 262, WADENA MN 56482 E-MAIL TO: [janefiemeyerprincesswarrior@gmail.com](mailto:janefiemeyerprincesswarrior@gmail.com) QUESTIONS? : (218)-371-6448

\*\*\* *The Princess Warrior is a 501 (c)(3) organization.*