

Brain Injury Network of Northern Michigan GRANT APPLICATION FORM

Please submit application by email to treasurer@braininjurynorth.com.

Required fields are indicated by an asterisk (*).

Eligibility: Candidates must meet these criteria to be eligible. Please initial.

____ * I confirm that no other funds are available to the applicant and all other funding options have been explored.

____ * The applicant lives in Northern Michigan (North of Clare).

____ * A letter of medical necessity or other appropriate support documentation for the item being requested is submitted with this application.

***Name of beneficiary and contact information:**

First name*-- Middle name(s) -- Last name*:

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

*Primary telephone: (_____) _____

Secondary telephone: (_____) _____ Extension: _____

E-mail: _____

***Name of professional submitting application:**

First name*-- Last name*:

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

*Primary telephone: (_____) _____

Secondary telephone: (_____) _____ Extension: _____

E-mail: _____

***Has the beneficiary applied for a BINNM grant in the past year?**

____ Yes (Date: _____) or ____ No.

*** Is the beneficiary currently employed?**

*Employer: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

*Monthly income?: _____ *Monthly expenses?: _____

What does the scholarship committee need to know about your request in 1,000 words or less? The committee members will be especially interested in these points: beneficiary's goals, disability, what other funding sources have been explored, and what the beneficiary will be able to do with the scholarship funds. Please attach this information to this application.

***Certification Statement:**

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____