



The Mya Lin Terry Foundation

Post Office Box 249
Oakhurst, NJ 07755
732-517-0697 ph



GRANT APPLICATION

Please send completed application, consent form, and signed doctor's note stating diagnosis via mail or via scan and email to kellylynnterry@msn.com. Note: All information submitted is deemed strictly confidential but subject to release in limited capacity if grant is approved and in accordance with signed consent.

PROCESSING:

- Application must be completed in total and include all supporting documents as identified
- Please allow 3-4 weeks for receipt, review, and processing. If approved, payment shall follow shortly thereafter.
- A confirmation will be sent with any and all declinations with cause and/or notification of grant payment.
- Please make sure the consent form is reviewed and signed. No processing can occur until then.
- If you are requesting assistance for a specific bill, then the invoice must be included or the application will be denied.
- Please include a doctor's note stating diagnosis.
- TMLTF can help, within its discretion, with the following, including, but not limited to, medical/prescription/utility bills, child care, rent, food and personal expenses.

Date: _____

PATIENT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Website/CaringBridge/Facebook/GoFundMeSite: _____

DOB: _____ Male/Female (please circle one)

SIBLING(S) and AGES: _____



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PARENT(S) INFORMATION:

First Name: _____ Last Name: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

MEDICAL INFORMATION:

Diagnosis: _____ Date of Diagnosis: _____

Currently Undergoing Active Treatment: Yes/No (please circle one)

Date of Last Active Treatment: _____

Doctor Name: _____ Primary Hospital: _____

Alternate Hospital: _____

Any additional information you would like to provide: _____

CURRENT ISSUES RESULTING IN NEED:

To help understand the big picture, please give a detailed description of daily situation, i.e. job/work, children, living circumstances, family situation, insurance, etc.): _____



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AREA(S) IN WHICH HELP IS NEEDED MOST

Please include financial amounts being as specific as possible with prioritization of your needs such as transportation, prescription/medical, utilities, rent, child care, food, etc. If a bill needs to be paid directly, please include a copy of the invoice.

ASSISTANCE REQUESTED <i>(e.g. electric bill, rent, family trip – please prioritize your list)</i>	COST <i>(e.g. \$150.00)</i>	PAYEE/VENDOR <i>(e.g. JCP&L)</i>	INVOICE INCLUDED <i>(yes/no)</i>

Please disclose any other resources or assistance applied for/received/or receiving:

Organization Name: _____ Date(s) Received: _____

Contact Name Phone Number: _____ Email: _____

Organization Name: _____ Date(s) Received: _____

Contact Name Phone Number: _____ Email: _____

Organization Name: _____ Date (s) Received: _____

Contact Name Phone Number: _____ Email: _____

Contact Information of medical/health care provider or social worker:

Name: _____ Hospital/Facility: _____

Phone Number: _____ Email: _____



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ACKNOWLEDGEMENT

In the event that I _____ (parent name), parent of _____
(patient name), residing at _____ (address) am
awarded a grant from TMLTF, I certify, promise, and affirm that the information is true to the best of my
knowledge, AND I will utilize such grant for the specified intended purposes provided in the grant
application and for no other purpose. I understand that this promise is a material condition of being
awarded a grant by TMLTF.

We hereby consent to the sharing of my info with TMLTF Sister Charities: Yes _____ No _____ (initial)

Signature: _____ Date: _____

Signed by (please print) _____

*This Grant Application must be filled out completely, signed, and dated. Did you remember to include:
signed and dated Grant Application; signed and dated doctor's note with diagnosis; invoices and the
signed and dated Consent Form?*

FOR OFFICIAL AND INTERNAL PROCESSING ONLY, APPLICANTS ARE NOT TO ANNOTATE:

Signed and dated Grant Application	_____ (Date Received)
Signed and dated doctor's note, w/diagnosis	_____ (Date Received)
Invoices	_____ (Date Received)
Signed and dated Consent Form	_____ (Date Received)
Received By: _____	(signed)
Received By: _____	(printed Trustee Name)