



Tanya Isaac Foundation, Inc

4853 McCray Street, Speedway IN 46224
Tanyaisaacfoundation.org

GRANT APPLICATION PLEASE READ By completing this application, you understand that you may be asked to provide a statement from your physician

Date of Application_____.

Name(s) of Applicant(s)_____.

Address_____

City/State/Zip_____.

Telephone(H)_____ (W)_____ (C)_____

Email(s)_____

Employer (if Applicable)_____.

Employer Contact_____ Phone_____

Number of people in household #_____ (including self) How many under 18 yrs_____.

Total Annual household income by those 18 yrs or older living in the home \$_____.

Circle YES or NO on the following questions:

- 1 – Are you currently receiving cancer treatments? YES NO
- 2 – Do you live within the Speedway town limits? YES NO
- 3 – Has the Applicant received financial assistance, through this program or by any other means? YES NO
- 4 – Has anyone in the home been deemed disabled? YES NO
- 5 – Is the applicant a veteran? YES NO
- 6 – Have you filed for Bankruptcy in the past 10 years? YES NO
- 7 – Does the applicant have medical insurance, including Hoosier Healthwise or Medicare/Medicaid? YES NO

Tanya Isaac Foundation, Inc.

4853 McCray Street, Speedway IN 46224

Tanyaisaacfoundation.org

8. Annual Household Gross Income _____

Current Monthly Household Expenses _____

Monthly Medical Expenses _____

9 Please explain in short detail, printing clear and legible, the request you have.

10 If chosen for an interview, two members of the Tanya Isaac Foundation, Inc. may choose to meet with you at your home, when would be the best time to meet?

I certify that I have read all information contained in this application, and to the best of my knowledge, is true and accurate. I understand the Tanya Isaac Foundation Inc. is under no obligation to grant my application. Please send completed application to the address at the top of the page. If accepted, I should expect a phone call within 30 days.

APPLICANT SIGNATURE _____ DATE _____