

# Tiffany Thomas Memorial Foundation Application for Assistance

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Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone number of Applicant: \_\_\_\_\_

Financial assistance is being requested for **BURIAL** or **MEDICAL** (circle one)

Name of ill or deceased: \_\_\_\_\_

Address of the ill or deceased: \_\_\_\_\_

What is the total amount of medical/burial expenses incurred? \_\_\_\_\_

How much are you able to pay out of pocket? \_\_\_\_\_

Is there life or medical insurance? \_\_\_\_\_ If so, how much are you expecting to be covered by insurance? \_\_\_\_\_ Other contributions? \_\_\_\_\_

Name of funeral home or medical facility: \_\_\_\_\_

Name of contact individual: \_\_\_\_\_

*The Tiffany Thomas Memorial Foundation is a 501c3 corporation established to assist families in need with immediate expenses related to illness, burial, or other extreme situations. Therefore, if after the immediate financial need is met by the Foundation and the ill, deceased, or applicant receive monies from fund raisers, other contributions (such as Go Fund Me accounts), or insurance benefits that **exceed** related expenses, do you agree to reimburse the Foundation for excess monies donated.* \_\_\_\_\_

Signature of Next of Kin or Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

All applications for assistance will be considered by our Board of Directors. Please share with us how these funds, if awarded, will be of benefit to you. Also, please attach copies of relevant information such as invoices, statements, or bills related to request for assistance.

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