

Grant Application: Burn Victim Assistance and Education

ST. JOSEPH'S CATHOLIC HEALTHCARE ENDOWMENT FUND

A. Who is eligible?

The St. Joseph's Catholic Healthcare Endowment Fund for Burn Victim Assistance and Education is open to the following requests:

- Financial assistance with medical care, rehabilitation, lodging, meals, caregiver assistance, burial expenses, transportation, etc.
- Emotional and informational assistance to patients and families.
- Preventative education for schools.

B. General Information

Name of Person Requesting Grant		Amount Requested (up to \$10K)
Street Address	City/State/Zip	Social Security Number
Preferred telephone	Alternate telephone	Email Address

All information given is true and correct to the best of my knowledge. It is understood that I will return a completed official **Grant Evaluation Summary** to the St. Joseph's Catholic Healthcare Endowment Fund office with supporting documentation for expenditure of funds within 90 days of the grant completion date.

Signature of Applicant	Date
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C. Description

1. Describe your situation and need for financial assistance:
2. Itemize in dollar amounts how the funding from the grant will be used:

3.	Who will certify the accounting information relating to this grant?
4.	Please provide any relevant information not previously mentioned:
5.	In what way does this relate to the Grant Disbursement Goals of the St. Joseph Healthcare Fund? (See Grant Guidelines.)

D. Financial Information

Amount Requested: \$ _____

Please attach supporting documentation for amount requested.

Thank you for your Grant application. When completed, please mail, email or fax to:
St. Joseph's Catholic Healthcare Endowment Fund
c/o Katheryn Hutchinson
Catholic Foundation, Diocese of Tucson
64 E. Broadway Boulevard
Tucson, AZ 85701

Questions? Please call (520) 838-2505