



The Art for Charlie Foundation

3032 Hamlet Circle, East Lansing, MI 48823

Application for Grant

for families bereaved by the death of a child

Information concerning child

Name: _____ Date of Birth: _____

Diagnosis: _____ Date of Diagnosis: _____

Hospital or other institution where treated: _____

Name of primary treating physician: _____

If deceased, date of death: _____ City and State where death occurred: _____

Family information

Name of parent applying: _____ Occupation: _____

Name of other parent: _____ Occupation: _____

Names and ages other children: _____

Street address: _____

Phone (day): _____ Phone: (evening): _____ Email: _____

Purpose of this Application -- or the program or grant being sought:

Grant for: Financial emergency Family respite Other: _____

Payee (if other than parent): _____

Explanatory detail:

Signature of Applicant: _____

Name: _____

Date: _____

Name of person completing application (if different): _____

Email: _____ Phone: _____

*Mail completed form to: Art for Charlie Foundation, 3032 Hamlet Circle, East Lansing, MI 48813
or email as a signed PDF to info@artforcharliefoundation.org*