



## **Like a Prayer Foundation, Inc. Support Application**

### About Us:

Like a Prayer Foundation strives to provide support, financially and otherwise to seriously/terminally ill individuals and their loved ones. The Foundation focuses its aid in helping the unfortunate fulfill any desired experiences and accomplishments they may have with their limited time. We do this to hopefully offer respite from the trials, tribulations, trauma and heartache of coping with such an illness.

### Eligibility:

Anyone with a terminal or very serious illness is eligible for consideration. Because our resources are not unlimited and our focus is on helping create experiences that are truly life enhancing, we cannot help everyone. LAPF does not provide post-mortem wishes/requests. The decision to provide support is made by the Foundation's Executive Committee, and will consider the following:

- Nature/seriousness of the applicant's condition (we desire to prioritize terminal conditions)
- Residence of applicant (we focus on those in the Fox Valley area of Wisconsin)
- Nature of experience desired (our focus is on life-enhancing "bucket list" item fulfillment)
- Location of experience desired (we prefer to support businesses in our area)
- Financial need of applicant (we desire to support those in need)
- Cost of experience desired & availability of funds (our resources are not unlimited)

### Process:

1. Applicant completes the Request Form.
2. Like a Prayer Foundation may contact the medical specialist to verify the condition and to ensure that the support requested would be safe and appropriate.
3. Like a Prayer Foundation will review the request. You will then be contacted to determine next steps.

In addition to the information below, please provide a photograph and personal letter. Photograph must be clear and taken within the past year. It may include others. Personal letter need not be longer than one page, and should explain your condition and the “bucket list” item to which you are requesting support.

Applicant’s Legal Name:

Address:

City/State/Zip:

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

Gender:

Referred By:

Present/Most Recent Employer: Current Annual Household Income:

Have you been granted aid/wishes by any other organizations in the past? Y/N

If yes, please state the organization, amount and/or wish granted:

Other Contact Person:

Relationship:

Phone:

Address:

City/State/Zip:

Bucket List Item Description:

Alternate Item: