

**WIERSZEWSKI FOUNDATION  
GRANT APPLICATION**

**1. Applicant Information**

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **City, State, ZIP:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

**2. Is the Application for someone else?**

**If yes, please tell us their**

- **Name:** \_\_\_\_\_
- **Age:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **City, State, ZIP:** \_\_\_\_\_
- **Relationship to you** \_\_\_\_\_

**3. Type of Need**

- Autism
- Cancer

**4. Describe why you are requesting a grant, please specify the grant(s) you are requesting.**

- THF.ORG Membership
- AAC Communication Device
- One-time Financial Assistance Grant

**5. How will it help you?**

**6. Conflict of Interest:**

**Are you related to any board member, officer, or staff?**  Yes  No

o If yes, explain: \_\_\_\_\_

**Certification**

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to the following:

- I will use funds solely for the purpose stated above, or the purpose stated in the grant.
- I will provide receipts and/or follow-up report if requested.
- Misuse of funds may require repayment.

I certify that the information I provided is true and that funds will be used as stated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_