



## Empathy in Action Grant Application

**Mission Statement:** Enhance the quality of life of brain tumor patients and care providers With Intentional Kindness and Support – no journey is traveled alone!

Empathy in Action provides grants for tangible assistance (i.e., goods, services and/or funds) to brain tumor patients and caregivers in accordance with our charitable purposes. Awarding of grants shall be based on determination of financial need. **Patients whose annual household income exceeds 300% of the [Federal Poverty Guidelines](#) are ineligible for assistance under this program.** Grants up to \$1000 will be awarded. **No more than one grant will be issued to the same household.**

**Empathy in Action only provides support for incidental expenses and does not include medical expenses or copays.** Incidental expenses include transportation services, mobility services, meals, lodging, and other incurred expenses.

Winks from GOD! plans to award 3 – 4 grants annually. Grants decisions will be made quarterly. Individuals awarded grants shall be selected regardless of race, religion, sex, sexual orientation, age, marital status, disability, or gender identity.

### Grant Eligibility

**Note:** If you have health insurance, you are still eligible to apply for this grant, if you meet all other eligibility requirements

### Application Checklist

**\*\*\*Incomplete applications will not be considered. \*\*\***

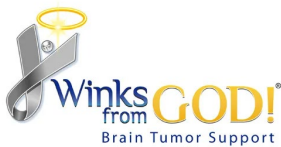
#### **MUST include the following:**

1. Signed application
2. Signed consent form
3. Copy of driver's license or state identification
4. Copies of all income sources
5. Copies of all current bills/creditor statements
6. Copies of the most current bank statements – 3 months
7. Confirmed diagnosis and treatment by Nurse Navigator/Social Worker

Please send completed application and consent form to Winks from GOD!, P.O. Box 5186, Suffolk, VA 23435 or email to [support@winksfromgod.org](mailto:support@winksfromgod.org).

Winks from GOD! is a tax-exempt under section 501(c)(3) of the Internal Revenue Code and a charitable organization under Virginia law and must adhere to applicable laws and regulations.





## Empathy in Action Grant Application

### SECTION E - HOUSEHOLD MEMBERS: Please list all the people in your household, including yourself.

Name	Age	Relationship	Income? Yes or No
1.			
2.			
3.			
4.			
5.			
6.			

**SECTION F - MONTHLY HOUSEHOLD FINANCES:** Give monthly income for yourself and ALL other household members. In general, **annual household income exceeding 300% of the Federal Poverty Guidelines are ineligible for assistance.** All requests must include sufficient documentation. Attach copies of proof of income, assets, and bills. **No more than one grant will be issued to the same household in the same year.**

Monthly Household Gross Income (before deductions)		Monthly Household Expenses	
Wages/Self-Employment	\$	Rent/Mortgage	\$
Social Security/SSI (Supplemental Security Income)	\$	Utilities and Telephone	\$
Pension or Retirement	\$	Groceries/Food	\$
Alimony/Child Support	\$	Child/Dependent Care	\$
Disability – Veteran Administration, Social Security Disability, Short/Long-Term	\$	Transportation – Car Payment/Gas/Insurance	\$
Worker's Compensation	\$	Out of pocket medical expenses	\$
Other – Public Assistance, Unemployment, etc.	\$	Other – Health Insurance, Child Support, etc.	\$
<b>TOTAL MONTHLY GROSS INCOME</b>	\$	<b>TOTAL MONTHLY EXPENSE</b>	\$

Other Resources/Investments – List					
Cash	\$	Stocks/Bonds	\$	Mutual Funds	\$
Bank accounts	\$	Money Market	\$	Other	\$
<b>TOTAL RESOURCES/INVESTMENTS: \$</b>					

**SECTION G- STATISTICAL INFORMATION:** *Information in this section is used for statistical purposes only. I understand that receiving assistance is not contingent on providing this information.* ☐ YES ☐ NO

<b>Gender:</b> Male Female	<b>Race:</b> American Indian or Alaska Native Asian
Black or African American	Native Hawaiian/Other Pacific Islander White
<b>Ethnicity:</b> Hispanic/Latino Not Hispanic/Latino	

### SECTION H: APPLICANT'S SIGNATURE

I, _____ (Print Name), certify that all the information listed above is accurate and complete to the best of my knowledge. I also understand that deliberate misrepresentation of information may subject me to denial of assistance and/or services.	
Signature: _____	Date: _____



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## CONSENT FORM

I \_\_\_\_\_ (Name ) residing at \_\_\_\_\_

(Address) hereinafter referred to as I or my, hereby consent to the following:

1. Winks from GOD! Has my expressed permission to discuss this application with any others deemed necessary to verify my information and/or identify additional sources of assistance. I understand that all information will remain as private as possible between these entities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. Winks from GOD! has my expressed permission for the use of my story and/or image (last name will never be used). I understand that my image and/or story may be used in connection with all charitable fundraising efforts, including being published on websites promoting a charity event and or in press releases, articles, news stories, and or other related media. The right to my image and/or story is granted worldwide and in perpetuity, but only for use as set forth herein and not in any other manner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. If I am awarded a grant from Winks from GOD! I certify, promise, and affirm that I will utilize such grant for the specified intended purposes thereof, and for no other purpose. I understand that this promise is a material condition of being awarded a grant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date