



## **Application for Assistance from the Alex's Saints Foundation, Inc**

---

The Alex's Saints Foundation, Inc is organized and operated as an independent 501(c)(3) charity that provides life-changing financial and emotional assistance to young adults who struggle with addiction, while empowering long term recovery. The Foundation was established in honor and memory of Alex St. Pierre from Troy, Michigan, who lost his battle with addiction on August 2, 2019. Visit our website at [www.alexssaints.org](http://www.alexssaints.org) for more information. The Alex's Saints Foundation, Inc is primarily funded by contributions and support from Alex's friends and family, business sponsors and caring members of the community.

Requests for financial assistance will be reviewed on a regular basis and all requests will be reviewed within 14 days of receipt. Applications should be completed and returned to [info@alexssaints.org](mailto:info@alexssaints.org).

The Board of Directors, Officers, and Grant Committee collectively maintain all power, control and direction of the Foundation's assets. All information provided to the Foundation shall be maintained in a confidential manner subject to the terms of this application and the Personal Media Release. If awarded a grant, you must agree to sign the Personal Media Release Form and will work cooperatively with the Foundation to develop an approved quote, personal testimony, photos, videos and/or images regarding you or your loved one's story. This is necessary to grow awareness and help support the Foundation's efforts to raise funds to help other individuals and families affected by this epidemic.

**Eligibility:** You are eligible to apply if you meet the following conditions:

1. You or your eligible family member is at least 17 years or older.
2. You or an eligible family member have experienced an event that qualifies for support under the Foundation's Mission Statement. A qualifying event is defined as the following:

- The need for addiction recovery treatment or counseling that is not covered by insurance and you or the eligible family member lacks the ability to pay for such services without jeopardizing the ability to cover your basic living expenses.
- A death of an eligible family member, when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses due to the death of your loved one.
- Family crisis (personal or financial hardship) brought on by a battle with addiction that affect your ability to cover basic living expenses.

**Grants:** Submitting an application for assistance does not guarantee a grant will be awarded. All applications are subject to available funds and the review, recommendation and approval of the Grant Committee and Board of Directors.

- All grant checks will be sent directly to the vendor, creditor, or payee to cover eligible expenses for a specified bill or invoice.
- Distributions will be made directly to the applicant only in unusual circumstances and as approved by the Grant Committee or Board of Directors.

**Application:** To be considered for grant support, please complete the following two pages of the application. Incomplete applications will not be considered. Answering questions thoroughly will help us quickly process your request.

- To provide an accurate and complete representation of your request for financial or emotional assistance, please attach all bills, invoices, estimates and other supporting documentation that you feel will aid the Grant Committee in making its decision.
- Please also be prepared to provide additional documentation supporting your circumstances if requested by the Grant Committee.
- **Please send your completed, signed application with supporting documentation to [info@alexssaints.org](mailto:info@alexssaints.org).**

**Status:** You will be notified of the status of your application by email.

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

**Eligible Family Member's Name:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**For the following set of questions, you may attach additional pages to elaborate as needed.**

**Date(s) Need for Assistance First Manifested (describe as necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe you or your eligible family member's struggles with addiction and the amount of your request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

---

---

**Please list other sources of financial aid or assistance you are currently receiving or for which you have been approved:**

---

---

---

---

---

---

---

---

---

---

**Please list other sources of financial aid or assistance for which you have applied and are awaiting resolution:**

---

---

---

---

---

---

---

---

---

---

**Please include any other information you believe can help the grant committee with its decision:**

---

---

---

---

---

---

---

---

---

---

**By signing below you agree that all information provided on this form is accurate and complete to the best of your knowledge. Should this grant become duplicative in whole or in part of other assistance**

received, or otherwise become unnecessary, you agree to promptly return all such monies to the Foundation.

---

**Applicant's Signature**

---

**Date**