

Travel Assistance Grant Application*

Ella Grace Chiari Foundation, Inc.
Not For Profit 501(c)(3) Charitable Organization

This grant is focused on families with a child, under the age of eighteen, who requires treatment for Chiari Malformation and must travel. Assistance may be available to offset travel expenses, such as fuel and lodging, should treatment be required outside the family's local community. Each application will be reviewed by the Foundation, to determine what assistance, if any, can be offered. Grants are provided in the form of gas cards and/or payment to a lodging facility directly for room stay.

Please complete the following: (please print in blue or black ink only)

Child's full name: _____

Child's date of birth: _____

Parent/Guardian full name(s) and relationship:

First and Last name

relationship to child

First and Last name

relationship to child

Contact Information:

Street address

City

State

Zip

Home () - - Cell () - -

Phone number

email address

Treating Hospital: _____

Location Name

Street address

City

State

Zip

Surgery Date(s): _____

Travel Assistance Grant Application* (continued)

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You will need to provide the following for consideration:

1. **Confirmation by the referring physician, on a script, for the treatment of Chiari Malformation (must be enclosed with this application)**
2. **Projected Expenses and justification of projected expenses listed below**
3. **Signature and date of application by parent or guardian completing this application**

1. **Projected fuel cost \$** _____

Justification (mileage traveled and local per gallon rates) _____

2. **Projected lodging cost \$** _____

Justification (dates of stay and room rate information) _____

Lodging Facility Info: _____
Location Name

Street address City State Zip

Phone Number

***All information provided on this application is confidential, and will not be shared.**

Mail Application to: Ella Grace Chiari Foundation, Inc. 826 Jefferson Hill Road Nassau, NY 12123	Email application to: defeatchiari@aol.com
Contact Us: defeatchiari@aol.com www.defeatchiari.org (518) 334-6001	

I verify that all of the information provided on this application is true and can be used for the sole purpose of review by EGCF, Inc. to determine if Travel Grant assistance can be provided. I also understand that due to the volume of requests, not all applications will result in Grant assistance.

Signature: _____ **Date:** _____

Thank you for your application – we wish you the very best!