

Grace Independent Living Program Grant Application
Anchor Bay Community Foundation

APPLICATIONS ARE REVIEWED ON A MONTHLY OR EMERGENCY BASIS.

APPLICANT INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

APPLICANT WILL SUPPLY PERSONAL REFERENCE(S).

Applicants must reside within the boundaries of the greater Anchor Bay Community.

Date of Application: _____

Applicant Name(s): _____

Address: _____ City/Zip _____

Phone: _____ Cell phone: _____

E-mail: _____ How many reside in this residence? _____

Amount requested: \$ _____

Request for: Medical Equipment ___ Personal Supplies ___ Project ___ Other ___

Describe need for the request: _____

If for project, please describe and why it is needed (attach copy for any estimates you have received):

If additional funds are required for this project, where will you obtain these funds?

Please check your annual family income range:

\$10,000 to \$20,000 _____ \$20,000 to \$30,000 _____ \$30,000 to \$40,000 _____

\$40,000 to \$50,000 _____ \$50,000 to \$60,000 _____ \$60,000 to \$70,000 _____

Check here if supplemental information is attached: _____

Mail to: ABCF - Grace Program
P.O. Box 88
New Baltimore MI 48047

For information call: (586) 281-3275
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Community Relations Director

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<http://abcf.us>

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