

**KELLY K. SCHREIBEIS  
MEMORIAL FOUNDATION**

GRANT APPLICATION

**Applicant Information:**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

Physical Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Form of Cancer: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Doctor \*: \_\_\_\_\_

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Specific nature and amount of need:

Rent:  \$ \_\_\_\_\_

Electrical Expenses:  \$ \_\_\_\_\_

Natural Gas:  \$ \_\_\_\_\_

Prescriptions:  \$ \_\_\_\_\_

Medical Expenses:  \$ \_\_\_\_\_

Other: \_\_\_\_\_  \$ \_\_\_\_\_  
(Describe below)

**Total Amount Needed:** \$ \_\_\_\_\_

**\* Please provide copies of bills to be paid and/or previous bills that have been paid.**

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This space for Foundation use only