



## FLY ME TO THE MOON GRANT APPLICATION

### **PERSONAL INFORMATION:**

Please complete the section below with information regarding the **potential beneficiary**:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Please complete the section below with information regarding the **parent and/or legal guardian of the potential beneficiary**. This individual will be our point of contact.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Potential Beneficiary: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: Address: \_\_\_\_\_

### **MEDICAL INFORMATION:**

1. Please provide some information as to what chronic illness the potential beneficiary has been diagnosed with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At what medical facility does the potential beneficiary receive their care? Who is their lead physician?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. Does the potential beneficiary have current health insurance? If so, what is the provider?

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**ELIGIBILITY INFORMATION:**

1. What medical assistance device or service do you wish to apply for to be fulfilled by the Fly Me to the Moon Grant?

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2. Please describe why this device or service is essential to your medical care.

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3. How will having this device or service improve your quality of life with chronic illness?

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4. What does Lea's story and the Lea Marie Faraone Foundation's mission mean to you?

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5. In what ways have you tried to obtain this device or service prior to this application? In other words, why do you need the Lea Marie Faraone Foundation's assistance in achieving this device or service?

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6. Have you previously received any form of assistance from a nonprofit? If so, please describe.

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Thank you for your interest in the Lea Marie Faraone Foundation's Fly Me to the Moon Grant! We look forward to hearing your story. Please send this completed application to [leamariafaraonefoundation@gmail.com](mailto:leamariafaraonefoundation@gmail.com) and we will get back to you as soon as possible.