



**Grant Application**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about our program?  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your health issues and why you are looking for a massage grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you unable to afford massages without this grant?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other comments you would like us to consider with this application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*  
*If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my termination from the program. This is an application to receive discounted or free massages based on a health need for massage and/or a financial necessity. You may be asked to provide medical documentation to confirm facts on this application. If you are denied, you may reapply anytime your health or financial situation changes. Fulfillment by Meeting Your Kneads is based on fund availability. This is not a guarantee that the services will be provided to you.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Office Use Only**

Grant Approved? \_\_\_\_\_ (initials) YES  NO  If yes, when? \_\_\_\_\_  
Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_