

# The Brodie Fund Grant Application



## APPLICANT INFORMATION

Name:		
Street Address:		Phone:
City:	State:	Zip Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent: \$ _____	How long have you resided here?

## EMPLOYMENT INFORMATION

Employer:		
Street Address:		How long have you been employed here?
City:	State:	Zip Code:
Phone:	Email:	
Position:	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Rate \$ _____	Annual Gross Household Income (please include SSI, SSDI, unemployment, child support, alimony, or any other assistance): \$ _____

## ADDITIONAL INFORMATION & FINANCIALS

Reason for Applying (please check all that apply):

Loss of Job    Fixed Income    Personal Medical Issues    Permanently or Temporarily Disabled

US Veteran    Other (please describe)

Do you have Care Credit?  Yes    No   If No, apply here: <https://carecredit.com/>

Do you have pet insurance?  Yes    No   If Yes, please indicate name of company and coverage information

Are you receiving additional financial assistance?  Yes    No   If yes, please list here

How much are you able to contribute towards the cost of care? \$ \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

**COMPANION ANIMAL INFORMATION**

Pet's Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
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Age:	Breed:
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Are you interested in sharing your story with The Brodie Fund community via a blog post, e-news article, social media, or other communications vehicles?  Yes  No

If Yes, please read, insert name and sign below:

I, \_\_\_\_\_, do hereby give The Brodie Fund, their assigns, licensees and legal representatives the irrevocable right to use my name, my pet's name, picture, photograph, portrait, visual likeness, or voice in all forms and media in all manners, including photo, film, audio and video representations, for non-profit, public purposes, and I hereby waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and am fully familiar with its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SIGNATURE(S)**

I confirm that all information has been provided to the best of my knowledge. I understand that any false information given will result in the denial of my application.

Signature of Applicant	Date
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Signature of Co-Applicant (if necessary)	Date
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- In signing this application, you understand that The Brodie Fund
- Is not responsible for the outcome of treatment or lack thereof
  - Is not responsible for covering all costs associated to the animal's cancer treatment
  - Cannot assist with charges incurred prior to application approval
  - Does not pay for diagnostics, does not pay for spay, neuter, or vaccinations
  - May request back-up or additional information to support this application
  - May deny the request without reason

Dollar amount distributed in response to this application is based on financial ability of the organization at the time of request.

**VETERINARIAN INFORMATION**

(To be filled out by veterinarian)

Hospital Name:

Street Address:

City:

State:

Zip Code:

Phone:

Veterinarian's Name:

Veterinarian's Signature:

**MEDICAL INFORMATION**

Pet's Name:

Diagnosis:

Treatment Plan (include treatment, surgery, medication cost and options if initial treatment does not work):

Estimated Cost of Services: \$ \_\_\_\_\_

Prognosis: (include % response, risk, reoccurrence rate and life expectancy with and without treatment)

Overall Health Assessment (other health conditions and current quality of life):

## SUMBISSION OF APPLICATION

Please include a copy of the Care Credit statement or decline letter and a copy of your IRS Form 1040 for the previous year with your grant application. In addition, include copies of your last three monthly bank statements for review.

**Submit to:**

The Brodie Fund

P.O. Box 13

Rumson, NJ 07760

Email: [brodiefund@gmail.com](mailto:brodiefund@gmail.com)

Website: <https://thebrodiefund.org/>