



### Grant Application Form for Individuals Seeking Assistance and Support

The Millennium Angel Foundation is an organization committed to raising funds to be allocated to individuals with extraordinary needs. Its exclusively charitable purpose is to assist injury victims pre-settlement to help them pay for more basic needs prior to them reaching their settlement. To assist us with our selection process, please take the time to thoroughly answer each question providing as much information as possible. All applications should be submitted either via email to [angelfoundation@msettlements.com](mailto:angelfoundation@msettlements.com) or mailed to: Millennium Angel Foundation, 3500 Financial Plaza, 4<sup>th</sup> Floor, Tallahassee, FL 32312.

Date of Application:	
Full Legal Name of Applicant:	
Sex:	Date of Birth:                      Age:
Address:	
City:	State:                      Zip Code:
Email address:	
Phone #:	Applicant's Social Security Number:
Marital Status:	Number of Dependents:
Name of Person Filling out Application:	
Relationship to Applicant:	
Have you ever received a grant from the Millennium Angel Foundation?	
Date:	Amount:
How did you hear about the Millennium Angel Foundation?	
Name of referring Millennium Settlement Consultant or Staff member:	
<b>Injury / Accident Information</b>	
Date of injury or accident:	
Brief description of your injury or accident (please include the cause and extent of injury):	
Is your lawsuit settled? (Please note, in order for an individual to be considered eligible to receive funds, his or her case must be closed).	
Date lawsuit ended:	Attorney Name:
<b>Financial Information</b>	Law Firm of Attorney:
Source(s) of Income	
Are you currently employed? If so, where?	
Current monthly income of applicant and/or guardian:	
Current monthly expenses of applicant and/or guardian:	
Type of Request:	
Monetary	Requested Amount: \$
Equipment or Services (please specify):	

<b>Equipment or Services Needed</b>
Description of equipment/services requested. If multiple, please prioritize in order of importance:
What are the costs of the equipment/services you are requesting?
Please explain whether your insurance company has been able to assist with the purchasing of any of the equipment requested.
<b>Additional Information</b>
Briefly explain your immediate needs:
How will this grant help you?
Please provide us with any other information that may be pertinent to the Millennium Angel Foundation honoring your application request:

**Waiver and Truth Statement:**

“Any decision by the Millennium Angel Foundation (MAF) as to (i) whether or not a grant is to be awarded and (ii) if awarded, the amount that shall be granted is the sole and absolute discretion of MAF. By your submission of this grant application to MAF, you agree to be bound by the decision of MAF and assure and hold MAF harmless from any and all claims, actions and/or causes of action arising directly or indirectly as a result of MAF’s decision.”

MAF uses grantee bios and photos to assist in our fundraising efforts to complete our mission. The answers and statements given in this grant application are true and correct. I understand that providing misinformation in this grant application could cause my application to be denied.

I AGREE\_\_\_ I DO NOT AGREE\_\_\_

Applicant Name (printed)\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Guardian Name (printed)\_\_\_\_\_

Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Attorney Name (printed)\_\_\_\_\_

Attorney Signature\_\_\_\_\_ Date\_\_\_\_\_