

Sheila's Gift

Grant Request Form

A program of the Multiple Sclerosis Society of Portland, OR Inc. (MSSP)

Send completed applications to MSSP, Candyce Hayes, Executive Director:

By Mail: MSSP (PO Box 16553)
Portland, OR 97292-0553

By Email: candycehayes@msoregon.org
DEADLINE: Must be postmarked by 9/30/10

Child's Name: _____

Parent's Name(s): _____

Address: _____

City: _____ Zip Code: _____

Telephone: (H) _____ (W) _____ (C) _____

Size of Household: _____ Ages of children: _____

Person Submitting Request: _____ Relationship to child: _____

Best time to reach you: _____ Telephone: _____

Describe Financial Request: (In 500 words or less – please continue on backside)

Grants are made payable to the parent on behalf of the child
(\$250 max per child -- \$500 per family)

Amount/Purpose/Date Funds Needed

\$ _____ Purpose: _____ Needed By: _____

Application Checklist:

Completed Application Utility Bill Evidence of (Parents') MS Diagnosis

Application Submitted By : _____

Signature Required