



Date: _____
Grant #: _____
Authorized: _____

Family Support Application

The purpose of the Megan Weisenbach Foundation is to provide financial assistance for medical equipment and necessities to families that have children with special needs.

The Megan Weisenbach Foundation does not provide funding for medical supplies & equipment all ready covered or paid for by insurance or Medicaid.

Medical documentation may be requested before funding can be allocated.

You are invited to submit this Family Support Application with a brief description of your need. After the initial review, the Foundation may contact you to discuss your application.

Name of Applicant: _____

Name of Affected Child: _____

Diagnosis: _____

Child DOB: _____

Address: _____ City: _____

Phone Number: _____ State: _____ Zip: _____

Email Address: _____

Amount Requested: _____

Signature of Applicant: _____

Current Need (please be as specific as possible):

Submit application to:

5139 Greenheart Drive, Indianapolis, IN 46237

Tel: (317) 782-1580 / Email: Info@theMWFoundation.org

The Megan Weisenbach Foundation is a non-profit corporation under the Internal Revenue Service 501©3 status.