

THE ORION FUND

Grants for College Students in Health Crisis

The Orion Fund provides grants to California college students under the age of 30 confronted with a health crisis. We fund unpaid health costs, medical technology, educational and living expenses. Grants start at \$500 and go higher.

To apply, please complete an application and return online to: theorionfund@gmail.com. Or mail to The Orion Fund, P.O. Box 11518, Piedmont, CA 94611 by Thursday February 21, 2019. Grants will be awarded by the end of March.

Information and Grant Application
www.theorionfund.org/grants.php

You can also reach us by

E-Mail: theorionfund@gmail.com

Phone: Shelley Tarnoff at (510) 482-2226

The Orion Fund, a non-profit organization, was founded in 2004 with generous contributions from family, friends, and community members, as a legacy of Orion Trott.

The Orion Fund Grant Application

Name (Mr/Ms): _____ Birthdate: _____

College or University: _____

College Major: _____

Freshman Sophomore Junior Senior Graduate School

1. Summary of Health Crisis: _____

2. Requested Grant Amount: \$ _____

Please describe how the grant funds would be spent: _____

3. Living Accommodations: Living Independently Living at Home

Please provide your home address in case you move, and a phone number where we can reach you for an interview.

Your Address at College: _____

Your Home Address: _____

Phone: _____ E-Mail Address: _____

4. Personal statement

Provide a personal statement.... Please tell us your story and provide justification for the grant request. Please include any circumstances you would like us to consider.

5. Letters of support

Please provide at least one letter of support from a campus administrator or a medical provider verifying need for funding.

6. Unofficial transcript

Please provide a copy of an unofficial transcript (web printout or downloaded version are acceptable).

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Please Check ALL that Apply in the Following Sections

7. Medical Insurance

- Private Health Insurance (through parents) College Health Insurance
- State Insurance – please list insurance program(s): _____
- No Insurance

8. Medical Incidents

8.1 If your medical incident occurred in the last 12 months, please describe:

Month: _____ Year _____ Hospitalized? Month: _____ Year _____

Is this a recurrence? If so, please describe, including current support needed:

8.2 If your medical incident(s) occurred over the past 1 to 3 years:

Year(s) _____ Hospitalized? _____

Notes: _____

8.3 If the medical incident occurred earlier than 2015, please briefly describe what happened, and when:

9. Financial Resources

- Parental Support Loans Financial Aid including Work-Study
- Self-supporting Work Other Grants/Scholarships

10. **IF YOU ARE APPLYING for over \$3000 in grant funds**, please fill out the two tables on the next page. Estimate your income and expenses, and if working, the hours per month you are at work (round or approximate numbers are fine). You are welcome to use your own format, but please include the following information and any other information you would like us to consider.

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Financial Resources:

10.1 Income

Income	Name/Source	Amount per month	Hours per month
Personal	You		NA
	Parents		NA
Loans			NA
			NA
Other Grants			NA
			NA
Work Study (through financial aid)			
Work			
Other			

10.2 Expenses

Expenses	Name/Source	Amount per month	Notes
Personal	Rent and living costs		
	Tuition		
	Other college costs		
Medical	Prescriptions (not paid by insurance)		
	Medical bills (not paid by insurance)*		See note below
Other Grants			
Other			

*Note: If you would like to be reimbursed for unpaid medical expenses, please include copies of the doctor/hospital/etc. invoices, showing the charges, how much your insurance has paid, and how much you owe. Please provide a summary of the bills showing the total amounts in each category.

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11. How did you hear about The Orion Fund? _____
12. Please send this completed and signed form by email (preferred) or by mail. Include:
1. Personal statement describing the purpose of the grant, and providing justification for the grant request
 2. Letter(s) of support: from a campus administrator or a medical provider verifying need for funding
 3. A copy of an unofficial transcript (web printout or downloaded version are acceptable)

VIA EMAIL: pdf and word docs accepted, email to theorionfund@gmail.com
MAIL: The Orion Fund, P.O. Box 11518, Piedmont, CA 94611

**Grant Application Deadline:
Thursday, February 21, 2019**

13. Applicants will be contacted for a phone or personal interview before a grant decision is made.

I declare under penalty of perjury under the laws of the State of California that the information provided herein is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____