

# 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](mailto:theorionfund@gmail.com). Or mail to The Orion Fund, P.O. Box 11518, Piedmont, CA 94611 by Thursday February 20, 2020. Grants will be awarded by the end of March.

Information and Grant Application  
[www.theorionfund.org/grants.php](http://www.theorionfund.org/grants.php)

You can also reach us by

E-Mail: [theorionfund@gmail.com](mailto: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).

# The Orion Fund Grant Application

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:

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

Year(s) \_\_\_\_\_ Hospitalized? \_\_\_\_\_

Notes: \_\_\_\_\_

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8.3 If the medical incident occurred earlier than 2016, please briefly describe what happened, and when:

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## 9. Financial Resources

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

10. **IF YOU ARE APPLYING for over \$2000 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.

# The Orion Fund Grant Application

## Financial Resources:

**10.1 Income – this is a PER MONTH table – please adjust your numbers accordingly. Thanks.**

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 – again a PER MONTH table. Thanks.**

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.

# The Orion Fund Grant Application

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)
  4. Any documentation regarding expenses

VIA EMAIL: pdf and word docs accepted, email to [theorionfund@gmail.com](mailto:theorionfund@gmail.com)

MAIL: The Orion Fund, P.O. Box 11518, Piedmont, CA 94611

**Grant Application Deadline:  
Thursday, February 20, 2020**

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

By checking this box, I understand and consent to the release of my grant application, personal statement, letters of support, unofficial transcript, and all submitted medical information to the Orion Fund Board of Directors and Orion Fund personnel/agents for grant application and grant purposes.

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 \_\_\_\_\_