

# 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 generally range from \$300 to \$3,000.

To apply, please complete an application and return to: The Orion Fund, P.O. Box 11518, Piedmont, CA 94611 by Thursday, April 17, 2014. Grants will be awarded by Friday, May 30, 2014.

## 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: \_\_\_\_\_

Your Address at School: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Phone Numbers ( ) - , ( ) - E-Mail Address \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Freshman  Sophomore  Junior  Senior  Graduate School

Requested Grant Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Summary of Health Crisis: \_\_\_\_\_

Please Check ALL that apply:

## Medical Insurance:

Private Health Insurance (through parents)  School Health Insurance  
 State Insurance  No Insurance

## Financial Resources:

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

Please send this completed and signed form and:

- 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)

To: The Orion Fund P.O. Box 11518 Piedmont, CA 94611 by Thursday, April 17, 2014

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

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