

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 online to: theorionfund@gmail.com. Or mail to The Orion Fund, P.O. Box 11518, Piedmont, CA 94611 by Thursday February 22, 2018. 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: _____

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

How did you hear about The Orion Fund? _____

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: ONLINE: pdf and word docs accepted, email to theorionfund@gmail.com
MAIL: The Orion Fund P.O. Box 11518 Piedmont, CA 94611
by Thursday, February 22, 2018

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
