Help & Heal
Mental Health Fund™

55 Pleasant St., Suite 207, Newburyport, MA 01950

Grant Application

If you would like to apply for a Help & Health Mental Health Fund Grant, please fill out this application form accurately and completely. If you have not already done so, you should review **the Guidelines for applying for a grant** first. By submitting this application, you agree that the information contained within it is true and complete to the best of your knowledge.

PERSONAL INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone number:

Email address:

Mental disorder diagnosis:

Your MySupportForums.org username:

I have been a member of the forums for at least one (1) month: ☐ YES ☐ NO

FINANCIAL & LIVING INFORMATION

I am employed (circle one): ☐ FULL-TIME ☐ PART-TIME
☐ I am unemployed at this time

Annual employment income (usually, whether or not currently employed): $ _____

Housing: ☐ OWN ☐ RENT ☐ LIVE WITH FAMILY

Monthly mortgage or rental payment if you own or rent: $ _____

☐ I use Food Stamps, SSI, SSDI or some other government assistance program.
☐ I have contacted local community and/or government resources for help.
☐ I have reached out to family and/or friends about needing financial assistance.

REQUEST FOR HELP

Requested amount: $_____ ($599 or less)

If approved, I would like my funds sent to me via PayPal: ☑ YES ☐ NO

Please describe the reason you are seeking this grant.
Please provide as many details as possible. Use an additional sheet if needed.

_____ _____
Your Signature Date

Please mail to: Help & Heal Mental Health
55 Pleasant St., Suite 207
Newburyport, MA 01950

Or via email to: grants@helphealmentalhealth.org