

The Anna Fund Application

**Information about the person living with the brain injury**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Type of brain injury: \_\_\_\_\_ When: \_\_\_\_\_ How did it happen: \_\_\_\_\_

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**Information about your family**

People in your family: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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How has this brain injury affected you and your family: \_\_\_\_\_

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**Monthly Financial Information since the injury:**

Current family income: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

Current family expenses: \_\_\_\_\_

If there is a change in your finances since the brain injury, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other funding sources you have looked into: \_\_\_\_\_

\_\_\_\_\_

Name of person filling out application: \_\_\_\_\_

Relationship to person with the brain injury: \_\_\_\_\_

Who can we talk to about this request: \_\_\_\_\_

Phone: \_\_\_\_\_

If your request is approved, please send us a picture and/or letter showing how you used the money.

*If your financial situation improves significantly in the near future,  
we hope that you would be willing to contribute to The Anna Fund.*

**For office use**

Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Decision: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Reason/For: \_\_\_\_\_

Date letter/check sent: \_\_\_\_\_ Follow-up: \_\_\_\_\_

Further info: \_\_\_\_\_

## About The Anna Fund

### **Before you apply**

If you're visiting us because someone in your life has a brain injury, we want you to know how truly sorry we are. We want to help you and your family do something fun. The Anna Fund provides financial assistance to families with minor children who've been affected by brain injury to do something meaningful together.

Due to our limited resources, we have some guidelines that we have to follow at this time:

- ✚ you/your family must be NH residents
- ✚ we are only able to fund small requests, generally for day trips/events
- ✚ we cannot consider requests for more than \$200
- ✚ the injury must be from a severe traumatic brain injury, brain tumor or stroke
- ✚ a letter of support from someone outside of your immediate family is helpful, but not required
- ✚ please explore any and all other funding options before applying to The Anna Fund
- ✚ call Lisa Hanson (603)433-9821 at The Krempels Brain Injury Foundation or email [familysupport@krepelsfoundation.org](mailto:familysupport@krepelsfoundation.org) if you have any questions about our guidelines, your eligibility or if you are looking for other resources before you apply to The Anna Fund. You can get more information about The Krempels Brain Injury Foundation on our website under Grants: [www.krepelsfoundation.org](http://www.krepelsfoundation.org)

Thank you for visiting our website.