



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:**

**Monthly Financial Information before the injury:**

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

Prior family income: \_\_\_\_\_

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

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

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

Prior family expenses: \_\_\_\_\_

If there is a change since the brain injury, please explain why: \_\_\_\_\_

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

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

**Your Request**

How much money are you requesting: \_\_\_\_\_

Please give details about what your request is for: \_\_\_\_\_

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How will this make a difference? \_\_\_\_\_

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Other funding sources: \_\_\_\_\_

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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: \_\_\_\_\_

