

Orion Fund Grants

The Orion Fund, a non-profit charitable organization, was founded in 2004 in memory of Orion Trott with generous contributions from family, friends, and community members.

The Orion Fund provides grants to young adult college students under the age of 30 who are working to complete their educational goals while facing a major illness or injury.

Requests may include medical costs, medical technology or equipment, and related educational expenses. Grants are generally funded in the maximum amount of \$2,000.

To apply, please complete the attached application and return to The Orion Fund (P.O. Box 11518, Piedmont, CA 94611) by Wednesday, April 14, 2010. Grants will be awarded by Friday, May 7, 2010.

For further information, please contact:

E-Mail: theorionfund@gmail.com

Phone: Shelley Tarnoff at (510)482-2226

Web: <http://www.theorionfund.org>

The Orion Fund Grant Application

Name (Mr./Ms) _____

Home Address City, State, Zip Code _____

School Name, Address, City, State, Zip code _____

Department and Major _____

Phone Numbers () - , () - E-Mail Address _____

Requested Grant Amount: \$ _____

Please check ALL that apply:

Medical Insurance:

- | | |
|---|--|
| <input type="checkbox"/> Private Health Insurance (through parents) | <input type="checkbox"/> School Health Insurance |
| <input type="checkbox"/> State Insurance | <input type="checkbox"/> No Insurance |

Financial Resources:

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Loans | <input type="checkbox"/> Financial Aid including Work-Study |
| <input type="checkbox"/> Self-supporting | <input type="checkbox"/> Work | <input type="checkbox"/> 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 amount
- 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 April 14, 2010

Applicants will be contacted for a phone or personal interview before funding decision is made on May 7, 2010

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