

## **Fonzie Funds Application**

## About the Applicant

Full Name of Bot Owner				
Full Name of Pet Owner				
CityState_				
Zip Code				
Day PhoneAdditional Phone Number				
Additional Phone Number				
Email Address				
Is there is an alternate contact for this case?				
( )Yes ( )No				
If yes, please list name and phone number				
Has the applicant ever received a Fonzie Foundation Grant?  ( )Yes ( )No				
If Yes please list date and circumstance of the need.				
Is the applicant applying again for a grant request that was previously denied?				
( )Yes ( )No				
How many adults are in the applicant's household?				
How many children (under 18) are in the applicant's household?				
What is the applicant's annual household income before taxes? (Please include the				
combined income of all residents.)				
( )less than \$10,000 ( ) \$10,000 - \$25,000 ( )\$25,000 - \$50,000				
( )\$50,000 - \$75,000 ( )over \$75,000				
Describe the applicant's financial bardehin (i.e. aircumetences that are preventing the				
Describe the applicant's financial hardship (i.e., circumstances that are preventing the applicant from being able to afford the animal's treatment).				
applicant from being able to anord the animal's freatments.				
Which of the following will the applicant provide as proof of income?				
<ul><li>( ) A copy of the most recent pay stub</li><li>( ) SSI/SSDI benefits letter</li></ul>				
( ) Unemployment benefits letter ( ) W-2 or 1099 from employer				
Which of the following apply for the applicant? (Please check all that apply.)				
Unemployed				
Onemployed Disabled				
65 or over				
Military Veteran/Active Military/Military Spouse				
None				

How did the applicant hear about the Fonzie Foundation?  ( ) Local Shelter/Humane Society ( ) Veterinarian ( ) Internet Search ( ) Volunteer ( ) Other
About the Animal
Animal Name
When did the applicant assume responsibility for the animal?
Year Month Day Where did the animal come from? ( )Rescue ( )Animal Shelter ( )Online ( )Ad ( )Breeder ( )Found ( )Gift ( )Other
Is the animal certified as a therapy pet?  ( )Yes ( )No
Describe the applicant's bond with this animal (i.e., what does this animal mean to the applicant?)
Are there other animals in the home? ( )Yes ( )No If Yes, please list names, ages, sex, and breed of animal.
About the Animal's Injury or Illness and Treatment  Describe the animal's injury or illness. How did the injury occur?
When did this injury/illness first occur?
What treatment has been provided?
What treatment is still needed?
According to the veterinarian, will the animal die or need to be euthanized within 10 days if not treated? ( )Yes ( )No Is the animal at the hospital now? ( )Yes ( )No How much has the applicant already paid for treatment for this injury/illness? \$

Does the estimate of upcoming treatmen		_		
How much can the applicant personally contribute toward the upcoming treatment? \$ Has the applicant applied for assistance with other organizations?  ( )Yes ( )No				
If the applicant has created an online fur organizations please list the web links a				
- Organizations please list the web links a	ind Organization har	nes nere.		
Has the applicant applied for Care Credi veterinary office.	t? ( )Yes ( )No	o ( )Not offered at this		
If available, please submit a photo of the animal. (It is not necessary to depict the injury in the photo.) Max 2MB of .gif, .jpg or .png file.				
About the Clinic Treating the Anim	mal			
Clinic Name				
Clinic Address	1.1.0(.1.	01:1:7:0:4:		
-	inic State	_Clinic Zip Code		
Clinic Phone				
Contact Name				
Contact Email		-		
I have read and agree to the grant eligibility requirements. By submitting this application, I agree that it has been completed in good faith. I understand that incomplete applications and/or the submission of false information may result in my application being denied. I also agree to provide photos and updates so that my pet's success story can be shared with others.				
Signature:		Date:		
Printed Name:				
Email completed application to: jodi@fonziefoundation.org				

fonziefoundation.org