

Health Insurance

Policy

With: _____

Monthly

Payment: \$ _____

Please share with us how you see having this Financial Assistance for the TIP program will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that the TPIRC Grant for Financial Assistance Program is designed to assist children and youth suffering from food anaphylaxis who participate in the Tolerance Induction Program (TIP) at the Translational Pulmonary and Immunology Research Center (TPIRC). I understand it is my responsibility to notify TPIRC within five calendar days of any changes in family income, family size, or ability to pay. Failure to report changes will result in immediate termination of Financial Assistance. I understand that TPIRC's Financial Assistance and amount awarded are subject to review at any time.

Signature: _____

Date: _____

Please submit completed application either by mail or email to:

TPIRC | Food Allergy Institute
Philanthropy Department
701 E. 28th St. Suite 116
Long Beach, CA 90806

Or email: giving@tpirc.org

What to expect after you apply:

After we review your application, we will let you know via email one of the following outcomes in accordance with our bi-annual grant award announcements:

- Your application was approved, and you will receive a grant award.
- If additional information or paperwork is needed to reach a decision.

Please see the full Active Military Grant for Financial Assistance Guidelines at socialfoodallergy.org/grant-fund/

For any questions regarding this application, please contact: The Philanthropy Department at giving@tpirc.org or (562) 409-9900