



REQUEST FOR FINANCIAL ASSISTANCE APPLICATION

Applicant Information

Applicant Name (first & last) _____ Date of Application _____
Date of Birth ____/____/____ Email Address _____
Phone Number _____ Street Address _____
City _____ State _____ Zip Code _____

The following questions are for data collection purposes only and do not affect the outcome of assistance.

Legal U.S. Resident? Yes No Gender Female Male Other

Ethnicity African American/Black Asian Caucasian/White Hispanic/Latino
 Native American Pacific Islander Other

Please complete the below information if you are the designated contact or caretaker of the burn survivor. If the survivor is under 18 years of age, it is REQUIRED for consideration of application.

Contact or Guardian's Name _____ Phone _____

Burn Information

Date of Injury ____/____/____ Areas Burned _____ %TBSA _____

Please describe the nature of how the injury occurred:

Was the survivor's home destroyed or made uninhabitable by the accident? Yes No

Family Information

Household Income (per year):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$20,000 or under | <input type="checkbox"/> \$41,000 - 50,000 | <input type="checkbox"/> \$71,000 - 80,000 |
| <input type="checkbox"/> \$21,000 - 30,000 | <input type="checkbox"/> \$51,000 - 60,000 | <input type="checkbox"/> \$81,000 - 90,000 |
| <input type="checkbox"/> \$31,000 - 40,000 | <input type="checkbox"/> \$61,000 - 70,000 | <input type="checkbox"/> Over \$91,000 |

Number of people in household _____ Is survivor the main breadwinner? Yes No

Does survivor have insurance or disability benefits? Yes No *If yes, please describe:*

Since their burn injury, has the survivor received aid or financial assistance (scholarship, grant, loan or other form) related to their injury from an individual, community group or organization? Yes No

If yes, please describe the nature of the aid that you have received, the name of the individual or organization and how it was used:

Type of Aid	Amount	Use

Request for Assistance

Please mark the type of assistance for which you are applying:

- Counseling Costs Medical Supplies Temporary Lodging Transportation Assistance Utilities
 Other (please explain) _____

Briefly describe why this aid is vital to the survivor and/or their physical or emotional recovery (if additional room is needed, please use a separate sheet of paper):

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Please mail or email application to:
Mo Kan Burn Foundation
Attn: Anita Johnson
PO Box 211
Lone Jack, MO 64070
mokanburnfoundation@gmail.com

FOR MKBF USE ONLY:	
Application Received: _____	Aid Given: _____
Completed Correctly: _____	Notes: _____