

# Life Balance Foundation, Inc. Grant Application

Date:

## Applicant Information

Name							
Street Address							
City ST ZIP Code							
Home Phone							
E-Mail Address							
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single		
Baby's Due Date/ Birth Date							

## Current Employment

Employer Name	
Street Address	
City ST ZIP Code	
Phone	
Job Title and Description	
Description of Maternity Leave Policy	

## Financial Information

Annual Household Income	<input type="checkbox"/> < \$40,000 <input type="checkbox"/> \$40,000 - \$60,000 <input type="checkbox"/> \$60,000 - \$100,000 <input type="checkbox"/> > \$100,000
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**Grant Purposes and Additional Information. Please attach responses.**

1. Please attach a description of the purposes for which this grant would be applied. Please provide dollar amounts and any necessary details that might aid the Board of Directors in its review of this application, including copies of relevant bills.
2. Please attach documentation to demonstrate financial need (i.e. proof of household income, Forms W-2, or copies of tax returns).
3. Please attach an explanation of any other financial matters that should be considered during the review of this application. For example, do you or your dependents qualify for federal government subsidies?
4. Please attach confirmation of the pregnancy and the due date or birth from an accredited health professional, hospital, or medical treatment center.
5. Please attach a copy of your employer’s maternity leave policy.

**Applicant Agreement**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am selected to be the recipient of a grant, any false statements, omissions, or other misrepresentations made by me on this application gives Life Balance Foundation the authority to withhold and/or recover grant funds. I further acknowledge Life Balance Foundation’s authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

Applicant Signature and Date	
Name (printed)	

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Please submit this application to Life Balance Foundation on its website.