



Assistance Application

Attach as many additional pages as necessary

Applicant's Full Name:

Address:

City, State & Zip Code:

Telephone Number:

E-Mail Address:

1. Please provide details describing your entire family, including ages, occupation, education and any other information that might be relevant to this application.
2. Who in your family is struggling with addiction? Provide a detailed description of the addiction, such as how the individual's situation developed and specifically how the individual's needs align with the mission of Ashes To Glory Foundation.
3. Have any steps already been taken to overcome the addiction, including prior therapy programs? If so, please explain and identify any such programs and the dates attended.
4. Describe the effects of the journey on the family and on the individual, such as loss of job, effect on family relationship, etc.
5. Does the person struggling with addiction want help? If not, how do you intend to get them to a point of wanting help?
6. How much financial assistance do you need? Be specific. Provide evidence as to why assistance is needed for that amount, including the following information for the entire family:
 - . Adjusted gross income for prior three years
 - . List of assets and liabilities. Complete attached worksheet.
 - . Two most recent federal tax returns –entire return with all schedules. You are welcome to black out social security numbers.

7. Do you already have an organization that you would like to use to help with therapy? Yes or No

If yes, provide information describing how the organization meets our criteria, including, but not limited to the following:

- . Organization's name, address and website;
- . Organization's mission/purpose;
- . A brief statement regarding the organization's history;
- . Description of current programs and activities;
- . Does the organization provide minimum 90 day programs?
- . Does the organization provide counseling for the entire family?
- . What is the organization's patient/counselor ratio?
- . Is the organization a "for profit" or a "non-profit" entity?
- . What is the breakdown of costs for a patient to receive treatment?
- . Is the organization willing to enter into a Grant Agreement with Ashes to Glory Foundation to ensure proper use of grant funds?
- . Please provide any brochures or other information about the organization.

IF YOU ALREADY KNOW THAT ASHES TO GLORY FOUNDATION IS FAMILIAR WITH THIS ORGANIZATION, YOU ONLY NEED TO PROVIDE THE NAME.

8. How did you hear about Ashes to Glory Foundation?

Net Worth Statement Worksheet

Assets

Cash on hand	\$ _____
Cash in Checking	\$ _____
Cash in bank or credit union Savings Account	\$ _____
Money Market Accounts	\$ _____
Market Value of Your Home	\$ _____
Estimated Value of Household Items	\$ _____
Market Value of Other Real Estate (i.e. investment or rental property, timeshare, vacation home)	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Mutual Funds	\$ _____
Market Value of Vehicles	\$ _____
Cash Value Life Insurance	\$ _____
Current Value of 401(k) plan or similar retirement Account	\$ _____
Individual Retirement Account (IRA, Roth IRA)	\$ _____
Estimated Value of Personal Items	\$ _____
Other Assets	\$ _____
Total Assets	\$ _____

Liabilities

Mortgage \$ _____

Home Equity Loan or Line of Credit \$ _____

Other Real Estate Loans \$ _____

Auto Loan or Lease \$ _____

Credit Card Balances \$ _____

Student Loans \$ _____

Delinquent Taxes \$ _____

401 (k) Loan \$ _____

Personal Unsecured Loans \$ _____

Life Insurance Loans \$ _____

Other Liabilities \$ _____

Total Liabilities \$ _____

NET WORTH \$ _____

(Assets minus Liabilities)