



THE Gracie Pridmore FOUNDATION

Committed to improving the lives of those with special needs – with love, joy, HBOT and more!

www.graciepridmorefoundation.org E graciepridmorefoundation@gmail.com T (704) 975 3658

APPLICATION FORM

**Please complete all information, otherwise your request may be delayed*

Date _____

PERSON NEEDING ASSISTANCE

Name *(required)* _____

Date of Birth *(required)* _____

Diagnosis *(required)* _____

Address *(required)* _____

Email _____

Phone _____

PERSON MAKING REQUEST

Name *(required)* _____

Date of Birth *(required)* _____

Address *(required)* _____

Email *(required)* _____

Phone *(required)* _____

REQUEST STATEMENT

List the type of assistance you are requesting, along with costs. Please be specific with your request. Also include attending doctor's name, address and phone number.

STATEMENT



APPLICATION FORM

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EXTRA INFORMATION

1. How many people live with the applicant? _____

2. Yearly family income _____ *(Please send a copy of the first 2 pages of your most recent tax returns)*

3. Have you ever received assistance from any non-profit organization?

Yes No If 'Yes' please list _____

4. How did you hear about The Gracie Pridmore Foundation?

FOR HBOT APPLICANTS ONLY

1. Has the applicant ever received HBOT? Yes No

If Yes, please list how many treatments and where they were received. _____

2. Would you authorize before and after HBOT videos of the applicant to be used in a promotional capacity?

Yes No *Answer will not affect application*

To the best of my knowledge, the above information is truthful and accurate.

Name of Applicant *(required)* _____

Date _____

Name of Guardian *(required)* _____

Date _____

QUESTIONS?

Feel free to contact us at: graciepridmorefoundation@gmail.com with any questions you may have.
We look forward to hearing from you!