## Lawyers Helping Lawyers Foundation, Inc.

## **GRANT APPLICATION INSTRUCTIONS**

1. Please print legibly or type. Use additional pages if necessary to fully answer any question.

2. Please provide your name, address, exact amount requested from the Lawyers Helping Lawyers Foundation, Inc. and appropriate information about each provider to whom you are requesting that grant assistance be paid.

3. Complete the application and submit to Oklahoma Lawyers Helping Lawyers Foundation, Inc. by email at oklalhl@gmail.com

## **GRANT APPLICATION FORM**

(All Applications are Confidential.)

Name of Person Making App	olication:			
Signature of Person Making	Application:			
Information for OBA membe	er for whom assistance	e is sought:		
Name:		Age:	Sex: Relationship:	
Home address:				
City:		County:	Zip:	
Home phone:	Work phone:			
Marital status (circle one):			Separated	
	Cohabiting partner	Divorced	Widowed	

Spouse/cohabiting partner's name:							
Employer:							
Work phone:							
Number of dependants: Age(s) of dependants:							
State Bar license status:							
Current employment:							
Last legal employment if not current:							
Are salary/benefits continuing during treatment?							
Have you ever been assisted by the Lawyers Helping Lawyers Foundation, Inc.?							
						Total amount of grant request (if known):	
Purpose (circle all which apply): Inpatient Outpatient Medication Other Necessities of Life							
Other:							
Information about providers to which grant monies are to be paid							
(Please use additional pages for multiple providers):							
Name: To the attention of:							
Address:							
Account number:							
Total amount due this provider:							

\*Please Note: The Trustees reserve the right to request additional information or verification, including current financial status.

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Office use only		
LHLAP please initial:		
Treatment plan approved:		Financial need verified:
LHLF, Inc. Trustees:		
Date reviewed:	Approved by:	
	Approved by:	
Reason for denial:		