

BRIGHTER TOMORROW GRANT PROGRAM

Making Dreams Come True

Each year the MSF makes dreams come true for individuals with MS through the *Brighter Tomorrow Grant Program*. The goal of this national program is to provide goods or services to improve quality of life for those living with MS by enhancing safety, self-sufficiency, comfort, or well being. In the past, recipients of the *Brighter Tomorrow Grant* have received adaptive sports equipment, appliances, exercise classes, hobby supplies, various home modifications, life chairs, musical instruments, partial scholarships for the *MSF Cruise for a Cause*® and more.



Those who applied in the past and were not grant recipients are encouraged to reapply. Previous recipients of the *Brighter Tomorrow Grant* are ineligible. Applications are confidential and will be reviewed by the grant committee. Recipients will be notified in December.

OFFICIAL GUIDELINES TO APPLY

Applicants are asked to provide basic personal and financial information, along with a brief essay of 100 words or less, to describe their wish and how the grant might help them to have “A Brighter Tomorrow.”

Grant applicants must meet the following eligibility criteria:

- Applicant must be diagnosed with MS, or be the parent of a minor child with MS.
- Applicant must be over the age of 18.
- Applicant must have no existing financial net (such as Medicaid or private insurance) to cover the request.
- Applicant grants the MSF the right to use their name and photograph for promotional purposes associated with this grant.
- Applicant must agree to sign a waiver of liability.
- Applicant must be a legal resident of the United States.
- Application must be postmarked/ time-stamped on or before October 1st.
- Request must be for **specific** goods or services.
- If the cost of the request exceeds \$1,000 dollars, the application will automatically be disqualified.
- ***Requests for cash, medications, or items currently available through the MSF Assistive Technology, Cooling, Computer or CAM programs will not be considered.***

Send your completed application to:

Multiple Sclerosis Foundation, BTG Committee, 6520 North Andrews Ave., Ft. Lauderdale, FL 33309
Applications can also be submitted online at: **www.msfocus.org**.

BRIGHTER TOMORROW GRANT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

DAY PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____ DATE DIAGNOSED: _____

MONTHLY GROSS INCOME: \$ _____

MONTHLY EXPENSES: \$ _____

REQUESTED ITEM: _____

ESTIMATED COST OF ITEM: \$ _____

.....
In 100 words or less, explain how the Brighter Tomorrow Grant of no more than \$1,000 in goods or services would help you have a brighter tomorrow. (Additional paper may be used if needed.)

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I authorize verification of all statements contained herein.

SIGNATURE

DATE