



Diversity Grant for Financial Assistance Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Child's Name(s) (Last, First, Middle): _____

New Application YES NO Application Renewal YES NO

Are You on the Waitlist? YES NO Waitlist # _____

All Persons in the Household

Name: _____ Relationship: _____

DOB: _____ Gender: _____

Race: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____

Race: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____

Race: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____

Race: _____

Health Insurance

Policy With: _____ Monthly Payment: \$ _____

Please Tell Us Your Story

Please take this opportunity to include any additional information describing how your family would benefit from both this grant and participation in the Tolerance Induction Program (TIP). TIP is a specialized treatment program designed to help children with life-threatening food allergies achieve food freedom - the ability to eat whatever they want, whenever they want, in unlimited quantities, without fear of reaction.

Please feel free to attach an additional page if needed.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that the Diversity Grant for Financial Assistance Program is designed to assist children and youth (until age 18) of Black heritage suffering from food anaphylaxis who have been deemed eligible for participation in the Tolerance Induction Program (TIP) at the Southern California Food Allergy Institute, a subsidiary of the Translational Pulmonary and Immunology Research Center (TPIRC). I understand that the Diversity Grant for Financial Assistance and amount awarded are subject to review at any time. I am aware that assistance funds are automatically renewed for up to two (2) years, after which is my responsibility to reapply for consideration. All information is subject to verification.

Signature: _____ Date: _____

Please submit completed application either by mail or email to:

**Southern California Food Allergy Institute
Philanthropy Department
701 E. 28th St.
Suite 116
Long Beach, CA 90806**

Or email: giving@socalfoodallergy.org

What to expect after you apply:

After we review your application, we will let you know via email one of the following outcomes in accordance with our quarterly grant award announcements:

- Your application was approved, and you will receive a grant award.
- If additional information or paperwork is needed to reach a decision.
- Your application was denied, in which case you can appeal our decision.

Please see the full Diversity Grant for Financial Assistance Guidelines at socalfoodallergy.org

*For any questions regarding this application, please contact:
The Philanthropy Department at giving@socalfoodallergy.org or (562) 409-9900*