



SAGE
ANGEL FOUNDATION

Grant Application Form for Individuals Seeking Assistance and Support

The Sage Angel Foundation is an organization committed to raising funds to be allocated to individuals with extraordinary needs. Its exclusively charitable purpose is to serve the victims of catastrophic accidents and injuries. To assist us with our selection process, please take the time to thoroughly answer each question providing as much information as possible. All applications should be submitted either via email to angelfoundation@sagesettlements.com or mailed to: Sage Angel Foundation, 3425 Bannerman Road #105-507, Tallahassee, FL 32312.

Date of Application:

Full Legal Name of Applicant:

Sex: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone #: _____

Marital Status: _____ Number of Dependents: _____

Name of Person Filling out Application: _____

Relationship to Applicant: _____

Have you ever received a grant from the Sage Angel Foundation? _____

Date: _____ Amount: _____

How did you hear about the Sage Angel Foundation? _____

Name of referring Sage Settlement Consultant or Staff member: _____

Injury / Accident Information

Date of injury or accident: _____

Brief description of your injury or accident (please include the cause and extent of injury): _____

Is your lawsuit currently being settled? (Please note, in order for an individual to be considered eligible to receive funds, his or her case must be in the process of settling).

Date of lawsuit: _____ Attorney Name: _____

Lawfirm of plaintiff attorney on case: _____

Financial Information

Source(s) of Income: _____

Are you currently employed? If so, where? _____

Current monthly income of applicant and/or guardian: _____

Current monthly expenses of applicant and/or guardian: _____

Type of Request: _____

Monetary _____ Requested Amount: _____

Equipment or Services (please specify): _____

Equipment or Services Needed

Description of equipment/services requested. If multiple, please prioritize in order of importance: _____

What are the costs of the equipment/services you are requesting? _____

Please explain whether your insurance company has been able to assist with the purchasing of any of the equipment requested. _____

Additional Information

Briefly explain your immediate needs: _____

How will this grant help you? _____

Please provide us with any other information that may be pertinent to the Sage Angel Foundation honoring your application request: _____

Waiver and Truth Statement

“Any decision by the Sage Angel Foundation (SAF) as to (i) whether or not a grant is to be awarded and (ii) if awarded, the amount that shall be granted is the sole and absolute discretion of SAF. By your submission of this grant application to SAF, you agree to be bound by the decision of SAF and assure and hold SAF harmless from any and all claims, actions and/or causes of action arising directly or indirectly as a result of SAF’s decision.”

SAF uses grantee bios and photos to assist in our fundraising efforts to complete our mission. The answers and statements given in this grant application are true and correct. I understand that providing misinformation in this grant application could cause my application to be denied.

I AGREE ___ I DO NOT AGREE ___

Applicant Name (printed) _____

Applicant Signature _____ Date: _____

Guardian Name (printed) _____

Guardian Signature _____ Date: _____

Attorney Name (printed) _____

Attorney Signature _____ Date: _____