

The Orion Fund Grant Application

Name:

Birthdate:

College or University:

College Major:

Freshman Sophomore

The Orion Fund Grant Application

Please Check ALL that Apply in the Following Sections

7. Medical Insurance

Private Health Insurance (through parents) College Health Insurance

State Insurance² please list insurance program(s)

No Insurance

8. Medical Incidentsle(6 (d)supp)-3 o(e F)r3 (c)- describe:

8.1 If your medical incident occurred in the last 12 months, please describe:

The Orion Fund Grant Application

Financial Resources:

101 Income ²this is a PER MONTH table ²please adjust your numbers accordingly.
Thanks.

| Income | Name/Source | Amount per month | Hours per month |
|------------------------------------|----------------------|------------------|-----------------|
| Personal | You | | NA |
| | Parents contribution | | NA |
| Loans | | | NA |
| | | | NA |
| | | | |
| Other Income or Grants | | | NA |
| | | | NA |
| Work Study (through financial aid) | | | |
| Work | | | |
| | | | |

Other

The Orion Fund Grant Application

11. How did you hear about The Orion Fund?
12. Please send this completed and signed form by email (preferred) or by mail. Include
 1. Personal statement describing the purpose of the grant, and providing justification for the grant request
 2. Letter(s) of support: from a campus administrator or a medical provider verifying need for funding
 3. A copy of an unofficial transcript (web printout or downloaded version are acceptable)
 4. Any documentation regarding expenses

VIA EMAIL: pdf and word docs accepted, email to theorionfund@gmail.com
MAIL: The Orion Fund, P.O. Box 1151, Piedmont, CA 94611

**Grant Application Deadline:
Thursday, February 25, 2021**

13. Questions: Contact Shelley Tarnoff at (510) 482226, or email us at theorionfund@gmail.com. Additional information about Orion Fund grants can be found on our website at www.theorionfund.org/grants.php.
14. Selected applicants will be contacted for an interview before a grant decision is made.

% \ F K H F N L Q J W K L V E R [, X Q G H U V W D Q G D Q G F R Q V H Q W W F
personal statement, letters of support, unofficial transcript, and all submitted medical information to the Orion Fund Board of Directors and Orion Fund personnel/agents for grant application review and grant purposes

I declare under penalty of perjury under the laws of the State of California that the information provided herein is true and correct to the best of my knowledge.

Signature of Applicant

Date