

Heartland Border Walk for MS™

Grant Program

One step closer to the Cure

After a successful first event, The Heartland Border Walk is ready to fulfill its promise...The majority of the funds raised will be used to help fight MS by funding research as well as patient assistance programs. So it's time to begin the grant process.

The focus of this 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.



Grant Applicants are required to provide basic personal and financial information along with a brief essay of 100 words or less, to describe their request and how the grant might help them or their loved one to have a better quality of life.

Grant applicants must meet the following eligibility criteria:

- Applicants must be diagnosed with MS, or be the parent of a minor child with MS
- Applicants must be over the age of 18
- Applicants must have no existing public (such as Medicare) or private insurance to cover the request. Requests for cash, medications, or items currently available through other assistive programs will not be considered.
- Applicants must grant the Heartland Border Walk for MS the right to use their name and photograph for promotional purposes
- Applicants must agree to sign a waiver of liability
- Applicants must be legal residents of the United States
- Request must be for specific goods or services.

Grants will be limited to an amount not exceeding \$1,500.00

Send your completed application to:

Heartland Border Walk for MS
c/O MidAmerica Neuroscience Research Foundation
8550 Marshall Drive, Ste 100
Lenexa, KS 66214-9836

Phone: (913) 671-0409

Fax: 913-894-1502

www.msborderwalk.org

Heartland Border Walk for MS™ Grant Program Application

NAME:			
ADDRESS:			
CITY:	ST:	ZIP:	COUNTY:
DAY PHONE:		ALT 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 Heartland Border Walk for MS Grant Program would help you or your loved one to have a better quality of life.

By signing this application, I authorize my physician listed above to verify my MS diagnosis for the Heartland Border Walk™ Grant Program. Specifically, I authorize the release of the records pertaining any treatment or diagnosis of Multiple Sclerosis.

Signature

Date