

Reese Naylor Joy Fund Grant Guidelines (Effective 9-1-2022)

The purpose of the Reese Naylor Joy Fund is to provide funds to qualified individuals with a chronic or terminal illness to cover expenses of an event or experience that will bring joy and happiness to the child and their family. Eligible expenses may include clothing, tickets, some travel expense (i.e. gas cards), and other items for the event up to \$500.00. Grant requests will be considered for no more than \$500 per year and must be used within a year of approval per child up to the age of 21. The activities must be preapproved and will not be reimbursed. To qualify for assistance, the child and/or their family must reside or have a mailing address in one of the following counties: Lyon, Chase, Coffey, Greenwood, Morris, Osage or Wabaunsee.

Application Requirements:

1. The applicant must be a resident of Lyon, Chase, Coffey, Greenwood, Morris, Osage or Wabaunsee County.
2. All of the following information must be submitted with the application in order to be considered for a grant:
 - (a.) A brief medical history, including condition of the patient with regard to their illness. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
 - (b.) A statement from applicant's medical doctor attesting to the medical conditions necessitating treatment.
 - (c.) A brief description of the experience or event for which the grant is being requested.
 - (d.) A timetable for the expenditure of the grant. (*When is the event or experience projected to happen?*)
3. Applications with attachments should be delivered or mailed to:
Emporia Community Foundation
527 Commercial St., Suite B
Emporia, KS 66801
4. Questions? Contact the ECF, 620-342-9304 or emporiacf@emporiacf.org.



The Reese Naylor Joy Fund

Assisting families who have a child with a pediatric terminal or chronic illness.

APPLICATION

Patient Information:

Name: _____

Address: _____ Date of birth: _____

City/State/Zip: _____

Phone (Day): _____ Phone (Eve.) _____ Email: _____

Applicant Contact Person:

Name: _____ Relationship to Patient: _____

Address: _____ Date of birth: _____

City/State/Zip: _____

Phone (Day): _____ Phone (Eve.) _____ Email: _____

My child has been diagnosed with a pediatric terminal or chronic illness and I am requesting a grant from this fund to bring *joy* to our child and family. I hereby give permission to the staff of the Emporia Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification.

Date

Signature of Applicant or Authorized Person

Please attach the following information to this cover sheet: (All items must be completed in order to be considered for a grant.)

- A. A brief medical history, including condition of the patient with regard to their illness. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
- B. A statement from child's medical doctor attesting to the medical conditions necessitating treatment.
- C. A brief statement telling us what your child would like to do, participate in or experience.

Submit all application documents to:

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527 Commercial St., Suite B
Emporia, KS 66801

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