



2017 Wade's 5K for 5P Grant Application



Due November 1st

1) Applicant's Name: _____
(family member diagnosed with Cri du Chat)

2) Applicant's Legal Guardian(s): _____

3) Address: _____ City: _____ State: _____ Zip: _____

4) When was applicant diagnosed with Cri du Chat?

5) Briefly tell us about the applicant: _____

6) Explain the current needs of the applicant and how the grant will be used. Please be specific and attach additional pages and supporting documentation as necessary.

7) Have you ever attended Wade's 5K for 5P? Yes No

8) Have you ever attended the 5P Minus Society's Annual National Conference? Yes No

9) Have you ever been awarded a grant from Wade's 5K for 5P? Yes No

If yes, when and what amount was the grant? _____

10) Please provide any other information you think we should know about the applicant or the applicant's family that will assist the selection committee:

Please submit application and all supporting documentation to Beth Brown via email (brownb@mchsi.com) or mail to P.O. Box 511, Monticello, IL 61856. **Application deadline is November 1st.**