

M4CF BreatheStrong Application

* Required



1. Applicant Name (First & Last) *

2. Have you received a MFCF BreatheStrong Grant before? *

Check all that apply.

Yes

No

3. Address *

4. City *

5. State *

6. Zip Code *

7. Email Address *

8. Telephone Number *

9. Age

10. Date of Birth

Example: December 15, 2012

11. Gender

Mark only one oval.

Female

Male

Emergency Contact Information



12. Emergency Contact Name *

**Must be Parent if under 18 Years Old*

13. Phone Number *

14. Address

15. City

16. State

17. Zip Code

Activity Request Information

Please be as specific as possible when providing the following information. If any information is missing or left blank we will not be able to process your request. Please look up any missing information before submitting your application.



18. Type of Activity, Exercise, or Sport *

(i.e., Gym Membership, Dance Lessons, Tennis Lessons, Yoga Classes, Soccer Registration, etc.)

19. Name of Business or Organization of Activity *

This is to whom the BreatheStrong Grant will be paid. (i.e. Decatur YMCA, CrossFit Gym, Little Swimmies Swim School, etc.)

20. Address

21. City

22. State

23. Zip Code

24. Business or Organization Point of Contact

*If Applicable

25. Business or Organization Phone Number

26. Business or Organization Website

*If Applicable

27. Activity Start Date

If there is no specific date, choose today's date.

Example: December 15, 2012

28. Duration of Activity

(i.e. One Year, 6 Months, 4 Weeks, etc.)

29. Amount of Grant Money Requested *

Most BreatheStrong Grants are awarded up to \$500 and can be award up to \$1,000 on a case-by-case basis.

30. Activity or Sport Bill, Invoice, or Support Documents

To expedite payment, please attach a bill, invoice, or other documents that would allow direct payment to the business or organization.

Files submitted:

Application Questions



31. Why do you want a BreatheStrong Grant to participate in your chosen exercise or activity? *

32. How will your chosen exercise or activity help you manage your Cystic Fibrosis? *

33. Why did you choose your activity?

34. How many hours a week do you typically exercise or participate in a physical activity? *

35. What is your favorite form of physical activity? *

36. By participating in the BreatheStrong Program, what goals are you setting for yourself? *

37. What other activities do you enjoy participating in?

38. Is there anything else you would like us to know about you in considering your BreatheStrong Grant Application?

BreatheStrong Program Consent

By signing the completed form, I give my permission to M4CF to discuss my condition with my healthcare providers or other organizations regarding the activities I would like to use the BreatheStrong Grant towards. I also give my permission to M4CF to use my contact information, profile picture, application responses, and medical information for M4CF program metrics and measurement accountability. I understand that in compliance with HIPAA regulations M4CF will keep any of my medically sensitive information confidential.

By applying and accepting a M4CF BreatheStrong Grant, you are agreeing to participate in a questionnaire survey upon initial acceptance and again within a year of use to help M4CF measure any impact on your quality of life from the BreatheStrong Program.

By participating in BreatheStrong, I understand I am undertaking the activities requested in this application under my own (or child's) risk, and will not hold Miles for Cystic Fibrosis or any of their partners liable for any injury or negative health impact related to this activity.

I understand the spirit of these funds is to help improve my lifestyle, which includes my physical, emotional, and social well-being. I will do my best to use this BreatheStrong Grant to improve my life, and to use it toward on-going activities that I believe to be beneficial to my health.

I will not sell, trade or profit from any goods or services rendered with this BreatheStrong Grant.

I understand that M4CF may contact my CF medical provider to review and request endorsement of the activities requested in this application.

I will do my best to provide photos, e-mail feedback, and complete questionnaires for M4CF to help determine the impact of this program on my well-being, and to help improve the programs of M4CF.

I will send a thank you letter to M4CF when my grant is approved.

I will update M4CF with any address, e-mail, or phone changes.

I give permission to M4CF to use my (or my child's) photographs, application question responses, e-mail content, thank you notes, etc. to help demonstrate the impact of this program to the public through various Miles for Cystic Fibrosis communication outlets.

39. Initial Consent Form *

Please enter initials as primary acknowledgement to the BreatheStrong Grant application terms.



40. Name & Photo Consent *

By checking "YES", I consent for me or my (child's) photo/name to be used in association with the M4CF BreatheStrong Program, M4CF website, or other promotional publications.

Mark only one oval.

Yes

No

41. Please Upload Applicant Photo

This photo will be used in association with the M4CF BreatheStrong Program, M4CF website, or other promotional publications.

Files submitted:

42. Signature Consent Form *

Please enter full name as a Signature Consent for BreatheStrong Application verifying all information is correct to your best knowledge. (If under 18 years old, please enter Parent's Name for consent.)

43. Signature Date *

Example: December 15, 2012

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