

# SETH•STRONG

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## Application

Our Mission:

*Facilitate the love of Christ by supporting local families experiencing a life-threatening illness of a child.*

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Nominee (Child's) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nominator: \_\_\_\_\_

Nominator Contact Number: \_\_\_\_\_

Nominator relationship to nominee: \_\_\_\_\_

Does nominee reside in Comal ISD attendance zone?      yes      or      no

Nominee Parent/Guardian Name(s): \_\_\_\_\_

Nominee Parent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee Parent Contact Number: \_\_\_\_\_

Nominee Parent Email: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_ Diagnosis date of child: \_\_\_\_\_

Name, age, and relationship of those living in household:

_____	_____
_____	_____
_____	_____

Why are you nominating this family to receive a donation from the Seth Strong Foundation?

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What will the donation be used for?

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Ideally, what amount would make a significant impact on this family? \$\_\_\_\_\_

Parents' employment status:

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For transparency and accounting purposes, upon receipt of the grant, proof of expenses must be provided in the form of copies of bills (mortgage/rent, utilities, medical) totaling the amount given.

Email or mail the application to the following:

[SethStrongFoundation@gmail.com](mailto:SethStrongFoundation@gmail.com)

Seth Strong Foundation  
c/o Sarah Permenter  
4036 Fire Candle  
Spring Branch, TX 78070

Questions: Sarah Permenter 281-795-5646