



# Empty Saddle Memorial Foundation Medical Assistance

Mail to: 1136 14<sup>th</sup> St SW Sidney, MT 59270

**Empty Saddle Memorial Foundation** helps young people who have medical needs.

The more information you can provide to help our Board consider your request, the sooner we can reach an informed decision as to how we can help you. Please help us by providing the following information.

### I AM MAKING APPLICATION FOR:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Please explain why you are seeking aid? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who could we contact if we have any questions? \_\_\_\_\_

Name

Phone

How did you learn about the Empty Saddle Memorial Foundation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date