



110 Cedar Street, Suite 110
Wellesley, MA 02481
781-591-8305 phone
781-591-8320 fax
www.ELCFoundation.org

Application for Financial Assistance

The **ELC Foundation** is a 501 (c) (3) non-profit corporation founded to meet the needs of patients with multiple sclerosis, their families and caregivers. The Foundation helps decrease the financial burden of home modifications, respite care, service dog programs and more. The Foundation also supports educational programs for patients and professionals.

Demographic Information

Name: _____ Date of Birth ____/____/____

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Financial Information

Household Annual Income \$ _____

Request Details

Item/Service Requested: _____

Total Cost of Item/Service: \$ _____

Amount you can contribute toward item/service: \$ _____

List other resources you have contacted and the amount received, if any

1. _____
2. _____

Amount you are requesting from The ELC Foundation \$ _____



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Explain why you need assistance at this time and for this item/service

Patient Verification & Release

The information submitted with this application is correct to the best of my knowledge. I understand The ELC Foundation will review this application, and I fully and knowingly waive and release The ELC Foundation, and its employees, representatives, advisors, partners, directors and agents, from any claims or liability associated, in any way, with the application process, the review of my application materials, or the award of financial assistance. I understand this application does not guarantee financial assistance.

Patient Signature

Date

Completed applications can be emailed, mailed or faxed:

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