

# Sienna Community Funds

## Childrens Catastrophic Fund

### Grant Application

Thank you for your interest in the Sienna Community Services Foundation (SCSF), a non-profit corporation; and the Sienna Community Enhancement Fund (SCEF), which was created through the Sienna Community Association, also a non-profit corporation. Collectively, these will be referred to as the "Community Funds". The Community Funds were established to invest in the future of Sienna by benefiting families in the community for many generations to come. The Community Funds promote social welfare and civic improvement by focusing their efforts in five primary areas: (1) community groups and clubs, (2) health and wellness, (3) technology, (4) education, and (5) the environment. This application focuses on a special category, the **Childrens Catastrophic Fund**.

Please note the following:

- ALL Sienna owner/occupant families with children under 18 years of age who have been diagnosed with a catastrophic health condition are eligible to be considered
- Families do NOT need to demonstrate financial need to be considered
- Grants are awarded in the amount of \$2,000.00 per calendar year
- A grant may be applied for once every calendar year

Please read the following instructions carefully. Incomplete information may cause a delay in grant review. The SCA and SCSF Boards reserve the right to request further information, if deemed necessary, to permit a thorough understanding of the grant request and the requesting family. **All efforts will be made to keep the information provided on this application confidential.**

- 1) Complete the Grant Application (Please print clearly and legibly.)
- 2) All grant applications must be submitted to the Grant Administrator thirty (30) days prior to the regular meeting (held on the 1<sup>st</sup> Tuesday of every other month, starting in February, subject to change) to be placed on the agenda for official review and consideration.
- 3) An Association Staff Member, on behalf of the SCA and SCSF Boards, will provide a written reply concerning the status of the grant application within thirty (30) days after the meeting in which the application was officially reviewed and considered.
- 4) Please direct all questions regarding this grant application to Amber Rodarte at (281) 778-3736 or email [Amberr@clubsienna.com](mailto:Amberr@clubsienna.com).
- 5) Applications should be mailed or delivered to:  
Sienna Community Funds  
Attn: Amber Rodarte, Grant  
Administrator  
9600 Scanlan Trace  
Missouri City, TX 77459

**Sienna Community Funds  
Childrens Catastrophic Fund  
Grant Application**

Child's Name and Age \_\_\_\_\_

Child's Diagnosed Disease/Condition \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Is the following included? Statement signed by doctor or other qualified medical professional. - **YES**      **NO**

**Please note that the doctor/qualified medical professional must indicate on documentation whether the child's diagnosis is catastrophic per this definition:** a serious and debilitating illness, injury, impairment or physical/mental condition that requires the services of a licensed practitioner for a prolonged period of time (multiple years or longer) and has a financial impact on the child's family.

Estimated Yearly Out-Of-Pocket Expense \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone #1 \_\_\_\_\_ Fax # (if applicable) \_\_\_\_\_

Telephone #2 \_\_\_\_\_ Telephone #3 \_\_\_\_\_

Email Address \_\_\_\_\_

1) Please provide a brief history of your child's diagnosis

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

2) Date by which grant funding is needed (Please refer to items 3-4 on instruction page above.)

\_\_\_\_\_

3) If grant funding is needed at different intervals, please indicate the amount requested and the dates it will be needed (Please refer to items 3-4 on instruction page above.)

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

4) Check should be made payable to \_\_\_\_\_

I have read and understand the instructions stated herein and I understand that there is only one grant of this type allowed per year/per family. I understand that grant applications need to be submitted for each calendar year. I understand that there is no guarantee that a grant will be approved. If this grant is approved, I understand that it does not mean another would automatically be approved in the future. I am authorized to make an application for a grant from the Sienna Community Funds.

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**Signature of Applicant**

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**Printed Name of Applicant**

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**Date**