

# Grant Application

## Mission:

The South Dakota Parkinson Foundation is dedicated to improving the quality of life for those touched by Parkinson's disease.

**Grants Available:** January 1<sup>st</sup> – December 31<sup>st</sup>; one grant per year

**Request Maximum:** up to \$250 per year

Date of Application: \_\_\_\_\_

## Applicant Information:

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Application Questions:

Do you have Parkinson's or Parkinsonism? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you care for someone living with Parkinson's or Parkinsonism? \_\_\_\_\_ Yes \_\_\_\_\_ No

Grant request (please provide brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What benefit will this provide? \_\_\_\_\_

\_\_\_\_\_

Have you applied for financial assistance for the requested item from another source? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(i.e. Independent Living Choices or Dakota at Home)

If yes, please list (optional): \_\_\_\_\_

Amount Requested: \_\_\_\_\_

In support of the mission, SDPF hopes to provide financial assistance for specific items, services, and programs that will aid in helping individuals, families, and support groups across the state of South Dakota. If you feel this applies to you, please fill out the entire application and submit mail to the office at:

SD Parkinson Foundation  
1000 N West Avenue, Suite 110  
Sioux Falls, SD 57104  
[director@sdparkinson.org](mailto:director@sdparkinson.org)

**SDPF does not provide financial assistance for any type of medical expenses including but not limited to medical bills, medications, medical trials, and any type of doctor/specialty visits. SDPF also does not provide gift cards for any requested amount.**

## **For Office Use Only:**

**Office Follow-up by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Okay to Pay:** \_\_\_\_\_

**Paid by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

