
Messiah Respite Project – Memorial Funds Request Application

Instructions:

Please complete this form to apply for funding assistance. All information is kept confidential.

Section 1: Participant/Caregiver Information

- Person Living with Dementia/Program Participant Name: _____
 - Primary Caregiver Name: _____
 - Primary Caregiver Relationship to Participant: _____
 - Address: _____
 - Phone Number: _____
 - Email Address: _____
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Section 2: Program Participation

- How long have you been involved with the Messiah Respite Project?
 - ☐ Less than 6 months
 - ☐ 6–12 months
 - ☐ More than 1 year
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Section 3:

1. Please describe the intended purpose or use of funds:

2. How would these funds help your family?

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Section 4: Funds Request

- Amount requested: \$ _____
 - Direct Payment to vendor or Reimbursement of expenses: _____
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Section 5: Agreement

I affirm that the information provided is accurate and that memorial funds will be used accordingly.

Signature: _____ Date: _____

Please contact Mollie George at molliegeorge@unomaha.edu to submit your application and supporting paperwork.