

The fund was originally established in Justin's memory to support the children he left behind – Alanna & Nathan (pictured above). But, since Alanna and Nathan have not needed any of the funds raised, we continue to keep Justin's memory alive by helping other families that are residents of Maryland who have suffered a similar loss.

To apply for assistance from the JFMF, please complete this form & submit the original application to <u>ashleyz@justinfishellmemorialfund.org</u> or to THE JFMF, PO BOX 319, PASADENA MD 21223.

JFMF reserves the right to use pictures and stories of grant awardees for publicity purposes, including on social media.

THE JUSTIN FISHELL MEMORIAL FUND GRANT APPLICATION

Name(s) & Age(s) of Minor Child(ren):		
Name of Surviving Parent or Guardian:		
Address:		
Telephone E-mail:		
Type of Expense Assistance (i.e. daycar	e, utilities, etc):	
Amount requested: \$	Dates Covered:	
PLEASE PROVIDE A SUMMARY OF YOU	R REQUEST DETAILING THE NEED: (atta	ach add'l pages, if needed):
By signing below, you are confirming t will be aiding.	hat you are the legal parent/guardiar	n of the affected minors to which any funds
		e:
	OFFICE USE ONLY	
DATE REVIEWED:		APPROVED or DECLINED (Circle one)
If Approved, Check Cut Date:	Check #:	(circle one)