



THE POWER TO BE MORE THAN YOUR MS

[www.mscando.org](http://www.mscando.org)

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## The Jimmie Heuga Can Do Spirit Fund

**Thank you** for your interest regarding The Jimmie Heuga Can Do Spirit Fund for the CAN DO® Program. These Spirit Funds are raised through special events, individual donors, foundations, grants, and corporate sponsorships.

- Funds are available from Can Do MS and may cover all or a portion of the \$2000 program fee for the participant and 1 support partner.
- DOES NOT cover any lodging or transportation expenses.
- Are awarded on the basis of financial need as determined by your completed Spirit Fund application.
- Funds must be applied for prior to attending a program.

**Spirit Fund Application:** Please include the following to be considered for these funds:

- A completed Spirit Fund application (included in this packet)
- A copy of your most recent year's tax return (Form 1040, 1040EZ or 1040A only) or SSI statement.
- Please include information and documentation pertaining to yourself as well as, if applicable, your spouse or anyone who may claim you as a dependant.
- If you feel you have extenuating circumstances, please note these on your application or on a separate piece of paper.

Please note that your personal information will only be viewed by the Application Review Committee and will not be shared with any outside resources. If you have any questions, please feel free to contact me.

Sincerely,

Suzanne Vondrell  
Programs Coordinator  
800-367-3101 x 1276  
[svondrell@mscando.org](mailto:svondrell@mscando.org)



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## The Jimmie Heuga Can Do Spirit Fund Application

Please print or type your responses. Return your completed application along with a copy of your most recent tax return or SSI.

Name \_\_\_\_\_

Marital Status (check one):  Single  Married  Separated  Divorced  Widowed

How many people will you be supporting this year? (Include yourself, spouse, partner, children and others if you will be providing 50% or more of their support): \_\_\_\_\_

Annual income earned from work: (include disability, retirement and pension)...\$ \_\_\_\_\_

Annual income earned from work by your spouse/partner ..... \$ \_\_\_\_\_

Income from other sources: (investments, gifts, state/federal aid, etc)..... \$ \_\_\_\_\_

Specify Source: \_\_\_\_\_

Annual Housing Expenses: (rent, mortgage) ..... \$ \_\_\_\_\_

Annual Living Expenses: (food, clothing, utilities) ..... \$ \_\_\_\_\_

Annual Medical/Dental Expenses: (not paid by insurance) ..... \$ \_\_\_\_\_

Debt Payments .....Auto \$ \_\_\_\_\_

.....Credit Cards \$ \_\_\_\_\_

.....Loans \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Current total of cash, savings and checking accounts .....\$ \_\_\_\_\_

Did anyone provide 50% or more of your support (food, clothing, housing, education, etc...) in the past year? (check one):  Yes  No If yes, please explain. \_\_\_\_\_

### Amount of Spirit Funds Requested:

\$ 2000.00 Program Fee (DOES NOT include transportation or lodging)

- \$ \_\_\_\_\_ = Maximum participant can provide

= \$ \_\_\_\_\_ = Spirit Funds Requested (please do not request more than you need)

By signing below, I certify that all of the above information is accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_