



the **liz** logelin foundation

*giving hope to widows and
widowers with young families*

APPLICATION FOR ASSISTANCE

Today's Date: _____

Name of Applicant: _____

Address: _____

Phone: _____ E-mail: _____

Names, dates of birth, and ages of dependents: _____

Name and date of birth of deceased: _____

Date and cause of death: _____

Please describe your current circumstances and financial need. (You may attach additional pages if necessary.)

Please attach the following documentation and return your completed application either by email to inquiries@thelizlogelinfoundation.org or via U.S. Mail to The Liz Logelin Foundation, PO Box 26366, St. Louis Park, MN 55426:

___ a copy of the death certificate;

___ a copy of the dependents' birth certificates; and

___ a copy of your recent 1040 showing legal dependency of the dependents (for information on what the Liz Logelin Foundation can accept as a substitute for this form, email inquiries@thelizlogelinfoundation.org)

Due to the large volume of applications we receive, your application will remain active for 12 months from the date it is received by the Foundation.