



REQUEST FOR ASSISTANCE  
APPLICATION FORM

Wake Up & Lace Up is a 501(c)(3) non-profit organization that provides financial assistance to residents of Eastern Montana who have incurred unreimbursed medical and out-of-pocket expenses (i.e. transportation, lodging, meals, etc.) associated with the treatment of a serious medical condition.

If you would like to request assistance for yourself or a family member or friend, please complete the following information and submit this application. Contact information is located at the bottom of the page.

DATE: \_\_\_\_\_

NAME (individual requiring assistance): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person submitting request, if not the recipient: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Wake Up & Lace Up? \_\_\_\_\_

Application may be submitted as follows:

EMAIL: [wakeuplaceup@gmail.com](mailto:wakeuplaceup@gmail.com)

MAIL: 107 Balsam Drive, Miles City, MT 59301

IN PERSON: Call Roxanne at 406-951-4735 to make arrangements for delivery to any board member.