



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 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,** please complete the following information and submit this application as noted below.

NAME: \_\_\_\_\_

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

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

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

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

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

I, \_\_\_\_\_ agree that any funds disbursed under this application shall be spent only to pay for the items or categories of items requested by the applicant and approved by the donor.

I, \_\_\_\_\_ agree, **upon request of the Donor,** I shall provide to Donor an accounting of funds spent including receipts for any item or service paid for that cost more than \$50.00.

Dated: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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.