



**HUMBOLDT AREA
FOUNDATION**

Barry F. Phelps Leukemia Fund

This fund was established by the family of Barry Phelps and is intended to support children ages 0-18 in Humboldt County who are battling Leukemia and other forms of cancer. Barry Phelps was a lifelong resident of Fortuna. After suffering with cancer for four years, he died in 1983 at the age of nine. To assist the family with the tremendous cost of an anticipated bone marrow transplant, the community organized a large fundraiser. Barry died before the event, but encouraged family and friends to continue raising funds to help other survivors of leukemia.

Applications must be made through a qualified sponsor, such as a recognized social service agency, school counselor or medical provider. This sponsor will help to administer the funds which are granted. There is a maximum award of \$2,000 per year, per family. Questions about the application process or release of funds should be directed to the Grants Department at Humboldt Area Foundation (707) 442-2993 or grants@hafoundation.org.



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Phelps Fund Request Form

Recommendation for funds on behalf of an individual. All information provided will remain confidential. Applications must be made through a qualified sponsor, such as a recognized social service agency, school counselor or medical provider.

Requested by: _____ Date: _____

Position/Job Title: _____

Agency: _____

Address: _____

Phone: _____ Ext: _____ Fax: _____

REQUEST

Name: _____ Age/Date of Birth: _____

Family Monthly Income: \$_____ # of people in household: _____ What kind of insurance?: _____

Describe Nature of Request:

Amount requested: \$_____ If approved, payable to (name, address and zip code):

Recipient Social Security Number: _____

Forward request to: **Humboldt Area Foundation** **grants@hafoundation.org**
 363 Indianola Road **(707) 442-2993 office**
 Bayside, CA 95524 **(707) 442-9072 fax**

Please do not write below this line. For Office use only.

Program Officer: _____ Committee: _____ Send to: _____

Action: _____ Review Date: _____ Fund ID: _____

Amount: _____ Profile #: _____

Check to:

Name: _____ Grant #: _____

Add: _____ Batch #: _____