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| https://3.bp.blogspot.com/-M8KKzn3mYEw/WyQm-mtGL6I/AAAAAAAAARg/HytMcyFUyK0t6FoZaDUp1jBgLK5llNYdgCLcBGAs/s1600/SuperT.jpg | 2022 Grant Application for  The ARIELLE DAVIS GRANT |

## Introduction and Parameters

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| Super T’s Mast Cell Foundation (STMCF) was created to provide physician-developed educational resources and financial support, through our grant giving program, for patients diagnosed with Mast Cell Disease.  The Arielle Davis Grant was created to honor the dedication, spirit, and commitment Arielle had for the mast cell disease community. Arielle was a warrior who valiantly fought a long and arduous battle with mast cell disease. Even while battling, she was a huge advocate for patient rights and accessibility to care. Many lives were touched and impacted by Arielle Davis. She not only remained steadfast throughout her own battle, but you would often find Arielle comforting, supporting, and advocating for others, even if she just met them through Facebook or in support groups. Arielle was the true example of love, strength, thoughtfulness and kindness – which she extended to everyone she came in contact with. Smile every day and spread joy just as Arielle did.  For the 2022 grant selection, applications for the Arielle Davis Grant will be accepted from May 1, 2022 – September 30, 2022, with all recipients being notified by November 15, 2022. Super T’s Mast Cell Foundation will not be responsible for lost or misdirected e-mail, mail, or applications post marked after the deadline.  STMCF and its Grant Selection Committee, Board of Directors, and Officers certify and promise that all information/documentation obtained from applicants/patients and letters from physicians will be kept confidential and stored in a secure and safe location and all information/documentation will be solely viewed by STMCF Grant Selection Committee, the Board of Directors, and Officers of Super T's Mast Cell Foundation for the purposes of determining grant eligibility and distribution; the information and documentation provided will not be used for any other purpose.  Before you begin, please review the grant criteria outlined below. Place an “X” next to each statement below to ensure eligibility. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | I am the patient and am 18 years of age or older. |  |  |  | YES | NO |   I am a family member or guardian applying on behalf of a patient with his/her approval. (Please provide documentation supporting this.) | |
| I have an official diagnosis of a Mast Cell activation Disease, this includes Mastocytosis or Mast Cell Activation Syndrome. (Please provide a letter from your treating physician documenting diagnosis. This letter must be dated on or after January 1, 2019.)  I have not been awarded a grant in the past two years. |
| If selected as a grant recipient, I will write a brief testimony sharing the impact of being awarded the grant. |

## Grant Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| Phone: |  | Email |  |

## Please answer the following questions:

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| 1. **When did you receive your diagnosis? To be considered for the Arielle Davis Grant, one of the following physicians must be who diagnosed you. Please indicate which physician diagnosed you and whose care you are currently under.**   Dr. Cindy Xi of Medicine of USC  Dr. Andrew White of Scripps Health  Dr. Brent Goodman of Mayo Clinic West Coast  Dr. Lawrence Afrin of Armonk Integrative Medicine |
| 1. How do you help others even when times are challenging for you? |
| 1. **Volunteering and philanthropy were important to Arielle. Please explain ways you have volunteered or provided philanthropic work in the mast cell disease community.** |
| 1. **Who has been your inspiration?** |
| 1. **How will this grant aid you in receiving medical care or treatment?** |

**Grant Submission Instructions**

Please scan a copy of this completed grant application, along with any additional supporting documentation as needed, and e-mail to STMCF at [tc.trstmcf@gmail.com](about:blank), or mail to 211 Hearthstone Road, King of Prussia, PA 19406. Applications being mailed must be postmarked no later than September 30, 2022.

All entries will be accepted from May 1, 2022 - September 30, 2022.

**Disclaimer and Signature**

*I certify that my answers are true, correct, and complete to the best of my knowledge. I further certify that I am voluntarily and of my own desire and free will providing personal medical information and/or documentation regarding my medical condition and diagnosis; or am doing so on behalf of a minor as his/her parent or guardian; or am doing so on behalf of a family member or friend with his/her express consent to do so.*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |