



# Ray of Sunshine

## **Annual Awards Available—up to \$100**

**Applications accepted September 15<sup>th</sup>**

**DEADLINE – October 15<sup>th</sup>**

### **Purpose of the Awards**

To purchase items or services (up to \$100.00) that would bring you joy or help with personal growth.

### **Who Should Apply...**

Adults who have a mental illness and are receiving services from Pathways and have not already received a Ray of Sunshine grant in the past 12 months.

### **How do I Apply?**

Complete the attached grant form. We encourage you to include the Pathways' staff person who knows you best by asking them to write comments on the form before you turn it in. This way we know who to contact, if we have any questions and you are not available. This application can be turned in at our front desk or mailed to: Ray of Sunshine 282

### **What Happens Next?**

A committee will review all requests and score them based on need and impact of the requested item in bringing joy or personal growth.

***You will receive written notice about your grant by November 30, 2009***



## Grant Request Form

Committee Use Only

Amount Approved \_\_\_\_\_

Secure Donation \_\_\_\_\_

Denied \_\_\_\_\_

Investigate further \_\_\_\_\_

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### Please print your Name and Mailing Address

Are you an adult, with a mental illness, currently being served by Pathways ?

\_\_\_ Yes \_\_\_ No

Have you submitted a Ray of Sunshine grant request in the past 12 months?

\_\_\_ Yes \_\_\_ No

Have you tried to secure other sources of funding for this request?  
If so, what was the result:

\_\_\_ Yes \_\_\_ No

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If approved, are you willing to assure that this grant will be spent for the intended purpose?

\_\_\_ Yes \_\_\_ No

What is your monthly income? \_\_\_\_\_

**Please tell us what you are requesting and how this will add joy to your life:**

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**Amount of your request (Maximum grant is \$100.00) \$ \_\_\_\_\_**

*continued on back... Last revision: 5/2008*

**Vendor/ merchant check needs to be made payable to:**

Vendor/ Merchant - Important--please DO NOT submit a request in your name as it will not be granted.

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**Your Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Staff Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***~Bringing Light to Our Neighbors with Mental Illness***

***This Space for Ray of Sunshine Committee Use Only***

Amount Approved \_\_\_\_\_ Donation Secured from \_\_\_\_\_

Denied, because:

- Received Ray of Sunshine grant within the last 12 months
- Priority was given to other requests based on nature of request or income.
- Not an open client
- Under 18 years of age
- Does not have a MI diagnosis
- Requested payment to self—did not list vendor/ merchant
- Funding or donation for this request is available through \_\_\_\_\_

Notes: