



Foundation for Ichthyosis & Related Skin Types

FIRST-Aid Skin Care Fund Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (D) _____ (E) _____ E-mail: _____

Person Affected *(Name & Relationship to Applicant)* _____

Age ____ Type of Ichthyosis _____ FIRST Member? _____

How much money are you requesting? _____ *(Awards will not exceed \$500)*

Please list the product(s), service(s), and/or cooling device(s) for which you are requesting funds:

Financial Range of *Household Income*
per Year (circle one):
Attach most recent tax document

Less than \$25,000 / \$25,001 - \$49,999 / \$50,000 - \$74,999
\$75,000 - \$99,999 / \$100,000 or more



CHECK THIS BOX IF YOU ARE REQUESTING A WINDOW AIR CONDITIONER FROM THE WEARY FUND

Number of members in household: _____ / # affected in household _____

Please use the following section to supply any additional information relevant to this application:

Please attach a doctor's note verifying an ichthyosis diagnosis, the severity of the condition & photo to this application form.

- I/we understand that applications for grants from the Skin Care Fund are awarded solely at the discretion of the Foundation for Ichthyosis and Related Skin Types, Inc.® (FIRST), and that all decisions by FIRST are final.*
- I/we understand that I will be required to submit a video or written testimonial about the efficacy of the products I purchased with these funds.*
- I/we understand that I will be required to submit receipts for items purchased within 9 months of receiving the award or no further funds will be awarded.*

Signature(s)

Date

Please return this form to: **FIRST-Aid Skin Care Fund**
via email: lbreuning@firstskinfoundation.org / via fax: 215-997-9403
FIRST, PO Box 1067, Lansdale, PA 19446

updated 4/2023