



Foundation for Ichthyosis & Related Skin Types

Weary Fund for FIRST Air Conditioner Unit Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Age ____ Type of Ichthyosis _____ FIRST Member? _____

Please provide the square footage of the room that the window air conditioner will be cooling: _____

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

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 Weary 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 air conditioner that I received from FIRST.

Signature(s)

Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

updated 4/2023