

# Woodforest Owners Association, Inc.

## Children's Catastrophic Fund Instructions for Completing CCF Grant Application

Thank you for your interest in the Children's Catastrophic Fund ("CCF") which has been adopted by the Woodforest Owners Association, Inc. ("WOA") to provide monetary assistance to Woodforest families challenged with the financial stress of caring for a child with a chronic, debilitating illness or birth defect. This monetary assistance is funded via Woodforest foundation fees. Woodforest foundation fees were established, in part, to invest in the future of Woodforest by benefiting families in the community for many generations to come. This application focuses specifically on **Children's Catastrophic Fund Grants**.

Please note the following:

- All Woodforest owner/occupant families (i.e., applicant owns a Lot within Woodforest that is his/her primary residence) with children under 18 years of age who have been diagnosed with a catastrophic health condition are eligible to be considered
- Families do NOT need to demonstrate financial need to be considered
- Grants can be for any amount up to a maximum of \$1,500.00 (in increments of \$250.00) per calendar year
- A CCF Grant may be applied for once every calendar year

Please read the following instructions carefully. Incomplete information may cause a delay in grant review. The Woodforest Foundation Committee and the WOA Board of Directors reserve the right to request further information, if deemed necessary, to permit a thorough understanding of the grant request and the requesting family. **All efforts will be made to keep the information provided on this application confidential.**

- 1) Complete the CCF Grant Application (Please print clearly and legibly).
- 2) Please include a signed statement regarding child's illness/diagnosis from treating physician.
- 3) Please list items to be funded in the order of importance to your child and your family. Attach as much information as you deem to be applicable to your family's circumstances.
- 4) All grant applications must be submitted to:  
  
[Lauren.Luca@fsresidential.com](mailto:Lauren.Luca@fsresidential.com)  
Woodforest Owners Association, Inc.  
Attn: Woodforest Foundation Committee  
101 Elk Trace Parkway  
Montgomery, Texas 77316
- 5) A WOA Staff Member, on behalf of the Board, will provide a written reply concerning the status of the CCF Grant Application within thirty (30) days after the WOA Board meeting in which the application was officially reviewed and considered.
- 6) Please direct all questions regarding this CCF Grant Application to: Lauren Luca, [Lauren.Luca@fsresidential.com](mailto:Lauren.Luca@fsresidential.com)

*For WOA Use Only:*

This CCF Grant Application was  approved  denied  
(check applicable box) by the WOA Board of Directors on  
the \_\_\_ day of \_\_\_\_\_, 20\_\_.

## Woodforest Children's Catastrophic Fund Grant Application

Child's Name and Age \_\_\_\_\_

Child's Diagnosed Disease/Condition \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Doctor's signed statement regarding child's illness/diagnosis attached- **YES** or **NO** \_\_\_\_\_

Estimated Yearly Out-Of-Pocket Expense \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #1 \_\_\_\_\_

Fax # (if applicable) \_\_\_\_\_

Telephone #2 \_\_\_\_\_

Telephone #3 \_\_\_\_\_

Email Address \_\_\_\_\_

1) Please provide a brief history of your child's diagnosis

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please list the ongoing out-of-pocket expenses: (List each item's description, quantity and cost in order of priority to your family. Attach separate page if necessary.)

Description of Item:	Qty:	Unit Price:	Total Cost:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Total Amount of All Items (including attachments): \_\_\_\_\_

3) Date by which grant funding is needed:

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4) Check should be made payable to: \_\_\_\_\_

I have read and understand the instructions stated herein and I understand that there is only one grant of this type allowed per year/per family. I understand that CCF Grant Applications need to be submitted for each calendar year. I understand that there is no guarantee that a CCF Grant will be approved. If this CCF Grant is approved, I understand that it does not mean a subsequent CCF Grant will automatically be approved. I am authorized to request this grant on behalf of the minor child listed on the application.

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**Signature of Applicant**

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**Printed Name of Applicant**

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**Date**

**For Foundation Committee Use Only:**

CCF Grant Applicant: \_\_\_\_\_

Check Statement that Applies:

- The Foundation Committee has reviewed this CCF Grant Application and has determined that it complies with the Woodforest CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the foregoing CCF Grant Application be **approved** by the Board of Directors of the Woodforest Owners Association, Inc.
  
- The Foundation Committee has reviewed this CCF Grant Application and has determined that it does not comply with the Woodforest CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the foregoing CCF Grant Application be **denied** by the Board of Directors of the Woodforest Owners Association, Inc.
  
- The Foundation Committee has reviewed this CCF Grant Application and has determined that it is lacking sufficient information in order to determine compliance with the Woodforest CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the applicant resubmit the CCF Grant Application, to address the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This recommendation may be signed in multiple counterparts and when taken together shall be considered one document, with the effective date being the date last subscribed by a Foundation Committee member.

WOODFOREST FOUNDATION COMMITTEE:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_