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Grant Approval Form

Mary Burmeister-Jin Shin Jyutsu Outreach Acct# 102164
c/o Kelly Mount
PO Box 410 Simpsonville, KY 40067
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Mary Burmeister – Jin Shin Jyutsu Outreach’s (or MBSJO) purpose is to serve others by expanding the work of Mary Burmeister and the Art of Jin Shin Jyutsu Physio- Philosophy through contributions that support medical research, educational development, student scholarships and advancement of other Jin Shin Jyutsu activities across the world. To qualify for a grant this form needs to be submitted along with a copy of recent financial records and letters of intent and recommendation. If this grant is related to a medically needy individual, a letter from the doctor in charge of the patient’s care is required to present physician verification. MBSJO restricts grants to one grant per approved grantee per calendar year.

Grantee Name: _____ Date: _____

Grantee Address: _____

Telephone: _____ E-Mail: _____

Charitable Class to which individual belongs: For example: indigent, children, elderly, handicapped or disadvantaged, medically needy, retired employees of charitable institutions or government persons whose civil rights have been violated, etc.

Detailed Description of Situation: Please fill in below (or attach a separate sheet of paper) that describes the situation surrounding the individual. If appropriate please include a medical report signed by a knowledgeable physician, or a copy of their tax return to verify financial situation.

Physician Verification: If a physician signed this or an attachment, please print that physician’s name and contact information.

Name: _____ Phone: _____
Address: _____ City, State, And ZIP: _____
Fax: _____ E-Mail: _____

Financial Details of the Proposed Grant Recipient: The grantee's income level **MUST** be equal to or below 250% on the current year's Poverty Guideline Report. In the lines below (attach additional sheets as necessary) please provide detailed evidence of the financial need or hardship of the proposed grant recipient with the applicant's most recent tax filings or the past 3 months pay stubs. If the grant recipient is a minor child, please provide details of the financial need or hardship of the child's parent(s).

1) Income and description of current employment:

2) List all assets individually:

3) List individually all liabilities including mortgages, credit card debt, unpaid bills, etc.:

Grant Type: Classes

Sessions

Instructor/Provider Name:

Class Type: Day Seminar Living the Art

Total Class Cost (Early Bird Rate):

Class Date: _____

\$ _____

Location -City: _____

Grantee Contribution to Cost of Class
(Min. of \$100): _____

State: _____ or Country: _____

Relationship of the proposed grant recipient to the program or donors: Indicate here if there are any blood, marriage, adoption or employment ties between the program or donor and the proposed grantee.

I attest that the information above and documents provided are a true representation of my current situation.

Grantee Signature: _____ Date: _____

Program Manager Use Only:

Agreement and Understanding: I, the Program Manager of Mary Burmeister – Jin Shin Jyutsu Outreach project at UCP, understand and agree that the discretion and control of funds donated to this activity are entirely under the authority of United Charitable Programs. The above request is a suggestion and not a mandate.

Signature: _____ Date: _____

For UCP Office Use Only: We the undersigned have reviewed this grant request and hereby give our approval or disapproval. Initials: _____ Date: ___/___/___ Approved Denied