Application for
Parker’s Purpose Foundation Assistance

Who Can Receive Assistance?
• Any family who has a minor (18 and under) with a life altering illness or
disability that is in an immediate financial crisis due to unforeseen medical
expenses.
• Families who live in Ohio will be first priority in providing assistance but will
extend outside the state if deemed necessary.

What Type of Assistance Do We Provide?
• Monetary assistance. These funds can be used as the recipient deems fit to
help with their situation.
• Ability to assist in promoting awareness if needed.

How Much Assistance Do We Provide?
• Up to $1000.
• A recipient may only receive a grant once in a two year time span.

How Are Assistance Decisions Made?
• The Parker’s Purpose Executive Committee makes decisions based on the
financial and emotional needs of each applicant.
• The foundation reviews a completed application and awards grants on an as-
needed basis, contingent on funds being available.
• Once recipients of grants have been approved, funds will be available within
4 weeks.

How Can I Receive An Application?
• Contact Parker’s Purpose by calling Todd Drusback, President, directly at
419-334-7275 or at info@parkerspurpose.com. An online application is also

Where Do I Return The Application When Completed?
• Applications can be mailed to: Parker’s Purpose
1056 Hazel St.
Fremont, OH 43420
Today’s Date________________________

Applicants Name________________________________________________________

Address________________________________________________________________

City_________________________________ State______________ Zip____________

E-mail address__________________________________________________________

Daytime Phone_________________________ Evening Phone____________________

Age of minor____________

Illness/Disability_________________________________________________________

How did you hear about Parker’s Purpose?

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Please explain your situation and why you are requesting assistance from Parker’s Purpose. Also list what type of assistance you would like Parker’s Purpose to provide.

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Please list three people who we may contact to receive a personal reference about you (Non-family members only). Please provide name, address, and phone number.

1)______________________________________________________________________

2)______________________________________________________________________

3)______________________________________________________________________

Have you received any financial assistance from any other foundations within the past year? If so, how much?

Thank you for contacting Parker’s Purpose. We do hope we can be of some relief in your time of need.