

George T. Welch Testamentary Trust

Medical Grant Application

Baker Boyer National Bank, Trustee | P.O. Box 1796 | Walla Walla, WA 99362

Name of Applicant _____ Date of Birth ____/____/____

Address _____ City/ZIP _____

Telephone (_____) _____ - _____ Resident of Walla Walla County for ____ years

Social Security Number _____ Ages of Dependent Children _____

Name of Spouse (if married) _____ Age of Spouse _____

Employer _____ Date Retired ____/____/____

INCOME AND ASSETS

Monthly Income

Wages: \$ _____

Social Security: \$ _____

Pension: \$ _____

Other (specify): _____

*Total (from above): \$ _____

Assets Owned

Home (value): \$ _____

Car Make: _____ Car Value \$ _____

Savings: _____

Checking: _____

IRA/401(k): _____

Other (specify): _____

*Total (from above): \$ _____

EXPENSES AND LIABILITIES

Monthly Expenses

Rent/Mortgage: \$ _____

Food: \$ _____

Car payment/Car Insurance: \$ _____

Credit Card Payments: \$ _____

Medical Insurance: \$ _____

Other (specify): \$ _____

*Total (from above): \$ _____

Liabilities

Mortgage Owed: \$ _____

Car Loan: \$ _____

Credit Cards: \$ _____

Medical Debt: \$ _____

Student Loans: \$ _____

Other (specify): \$ _____

*Total (from above): \$ _____

Amount Requested for Grant (\$1,500 max): \$ _____

Reason for Grant: _____

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Medical Grant Guidelines

1. **Fill out all blanks.** We must have amounts in all spaces marked with an asterisk (*). Applicants must include their spouse's monthly income.
2. Incomplete applications will not be considered.
3. Medical grants will be paid directly to the medical provider only, no exceptions.
4. Attach the first two pages of the most recent IRS 1040 Tax Return. If not required to file an income tax return, please state the reason why (i.e. have not filed income tax return due to low income).
5. Extra information may be attached to this page if desired.

I have included a copy of my most recent IRS 1040 Tax Return.

I have **Not** included a copy of my most recent IRS 1040 Tax Return.

Explanation: _____

I hereby certify the information I have provided is true and correct and further authorize the release of any information that may be requested by the Trustee of the George T. Welch Testamentary Trust.

Signature of Applicant

Date