



RIPEA/WILLIAM R. MURPHY FOUNDATION

2415 Directors Row, Suite M, Indianapolis, IN 46241

Telephone Number: 1-800-345-9214

2026 Individual Grant Application

Application must be received in our office by June 30, 2026

Important: Incomplete applications, including those without the necessary supporting documentation, will not be accepted. If an application is incomplete, we will contact you to secure the missing information. A timely response is essential to ensure your request is reviewed by the Foundation board. Contact us for any additional questions.

Member (Applicant) Name _____ Applicant's Gender _____

Address _____ County _____

City/Town _____ State _____ Zip _____

Telephone No. (____) _____ Email Address: _____

Applicant's Race _____ Hispanic ___ Yes or No? ___ Disabled – Yes or No? ___

Name, Address and Telephone Number of Person Completing This Application Other Than Applicant: _____

TOTAL GROSS MONTHLY HOUSEHOLD INCOME:

	<u>Member</u>	<u>Spouse</u>	<u>Other</u>	<u>MonthlyTotal</u>
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
PERF	\$ _____	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____

COMBINED TOTAL \$ _____

Amount of Grant Requested: \$ _____ Number of people in Household _____

Grant request not to exceed \$1,000. Program designed to support low to moderate income.

Purpose for which Grant will be used: (If additional space is needed for a complete explanation, please attach a separate sheet: _____)

If Grant is to assist with payment of an existing financial obligation, please include a copy of the bill or a list of expenses, if submitting a credit card bill. Will any part of this obligation be paid by insurance? _____ If yes, how much? _____

Signature: _____ Date: _____

Print Name: _____

PLEASE SEE REVERSE SIDE FOR GRANT ELIGIBILITY REQUIREMENTS.

For Office
Use Only

Verification of Membership by: _____
Reviewed by: _____

LMI %: _____
Date: _____



RIPEA/WILLIAM R. MURPHY FOUNDATION GRANT ELIGIBILITY REQUIREMENTS

ALL APPLICATIONS MUST:

- Be signed
- Include documentation as proof of financial need
- Provide accurate monthly income totals
- Request an amount no greater than \$1,000 (max)
- Cover expenses from the previous July-December and current year January-June (July 1-June 30)

ACCEPTABLE REASONS FOR REQUEST:

- Medical Bills
- Prescriptions
- Hearing Aids
- Eyeglasses Dental
- Utilities
- Handicap Ramps or Equipment (estimate or bill must be included)
- Medical Insurance Premiums
- Credit card bills, when used to pay for acceptable expenses (itemized billing statement must be included as proof)

UNACCEPTABLE REASONS FOR REQUEST:

- Amounts Over\$1,000
- Property Taxes
- Funeral Expenses
- New Roof, New Furnace, Septic Tank Installment, Etc.
- Car Payments, Repairs, or Purchase of a New Car
- Vacations
- College Loans or Tuition
- Mortgage or Home Equity Loans
- Cell Phone Bills
- Cable Bills
- Veterinary Bills
- Legal Fees Local, State, Federal Taxes
- If you received a grant in the previous year, you are ineligible to apply for one year

Why do we ask for personal demographic information like gender, race, ethnicity and disability?

We collect demographic information to ensure our grants serve all members equitably and to improve our programs. This data helps us assess impact and advocate for resources. Providing it is optional and does not affect eligibility.

All responses are confidential.



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