



**Doug Ackermann and Brenna Darling Memorial Fund**  
**A fund that assists families dealing with catastrophic illness**  
**who reside in Sullivan County**  
**Grant Request Form**

*The Doug Ackermann and Brenna Darling Memorial Fund*, established in 2014, is a component fund of the Community Foundation of Orange and Sullivan. The Doug Ackermann and Brenna Darling Memorial Fund was established by family members of Doug and Brenna, who both passed away from cancer at young ages. Doug and Brenna fought their illnesses with courage until the very end, maintaining a positive attitude despite any pain and suffering. They were both very passionate about their families and were known to be straightforward and honest with everyone they encountered.

**Criteria:**

1. Family member must be suffering from a catastrophic illness or injury
2. Must be a resident of Sullivan County
3. Must demonstrate severe financial need
4. Must provide a signed note by a doctor or medical office verifying applicant's illness.
4. Must include a bill to be paid (ranging from \$500-\$1,000) should funding be awarded. \*

***\*The Foundation cannot award a grant directly to an individual, therefore, funding must be awarded by paying an outstanding bill on the recipient's behalf.***

**If you are submitting this application on behalf of someone else, please complete question number 1 in full. If you are submitting this application on your own behalf, please skip question number 1.**

1. Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name of individual suffering from illness: \_\_\_\_\_

3. Date of birth: \_\_\_\_\_

4. Address: \_\_\_\_\_

\_\_\_\_\_

5. Phone number: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Please describe the individual's catastrophic illness and provide at least one reason why you believe they fit the criteria for this grant request.

---

---

---

---

---

8. Please provide additional comments that may be considered when making the award decision.

---

---

---

---

***Applicant, or family member representing an applicant who is a minor, must sign below for application to be valid.***

Applicant's Signature: \_\_\_\_\_

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

**Please return completed applications to the Foundation via US Mail, Fax or Email:**



Community Foundation of Orange and Sullivan  
30 Scott's Corners Drive, Suite 203  
Montgomery, NY 12549  
www.cfosny.org  
(T) 845.769.9393  
(F) 845.769.9391  
sarah@cfosny.org

The Community Foundation is a 501(c)3 not-for-profit organization.  
The Community Foundation of Orange and Sullivan's mission is to assist individuals, businesses and organizations achieve their charitable intentions through the establishment of funds that collectively create permanent endowments, and thereby enhance the quality of life in the region.