



Jane & Henry Bukaty
Skin Care Fund

Application Form



Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (D) _____ (E) _____ E-mail _____

Person Affected (Name & Relationship to Applicant) _____

Age ____ Type of Ichthyosis _____ FIRST Member? _____

How much money are you requesting? _____ (Awards do not exceed \$200.00)

Please list the product(s), treatment(s), and/or cooling device(s) for which you are requesting the money?

Financial Range of Income per Year (circle one): Less than \$25,000
\$25,001 - \$49,999
\$50,000 - \$74,999
\$75,000 - \$99,999
Greater than \$100,000

Please use the following section to supply any additional information relevant to this application:

Please attach a doctor's note verifying an ichthyosis diagnosis & photo to this application form.

I/we understand that applications for grants from the Jane & Henry Bukaty Skin Care Fund are awarded solely at the discretion of the Foundation for Ichthyosis and Related Skin Types, Inc.® (FIRST), and that all decisions by FIRST are final.

Signature(s)

Date

Please return this form to:
Jane & Henry Bukaty Skin Care Fund
FIRST, 2616 N. Broad Street, Colmar PA 18915
215-997-9400 or 800-545-3286
Fax: 215-997-9403