



Foundation for Ichthyosis & Related Skin Types

# FIRST-Aid 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 will not exceed \$500)*

Please list the product(s), service(s), and/or cooling device(s) for which you are requesting funds:

\_\_\_\_\_  
\_\_\_\_\_

Financial Range of *Household Income per Year (circle one)*: Less than \$25,000  
**Attach most recent tax document** \$25,001 - \$49,999  
\$50,000 - \$74,999  
\$75,000 - \$99,999  
\$100,000 or more

Number of members in household: \_\_\_\_\_ / # affected in household \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Please attach a doctor's note verifying an ichthyosis diagnosis, the severity of the condition & photo to this application form.**

- I/we understand that applications for grants from the 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.
- I/we understand that I will be required to submit a video or written testimonial about the efficacy of the products I purchased with these funds.
- I/we understand that I will be required to submit receipts for items purchased within 9 months of receiving the award or no further funds will be awarded.

\_\_\_\_\_  
*Signature(s)*

\_\_\_\_\_  
*Date*

Please return this form to: **FIRST-Aid Skin Care Fund**  
via email: [lbreuning@firstskinfoundation.org](mailto:lbreuning@firstskinfoundation.org) / via fax: 215-997-9403  
FIRST, PO Box 1067, Lansdale, PA 19446