

APPLICATION FOR
TERESA GASTINEAU MEDICAL ASSISTANCE AWARD

Assembly Name and Number _____

Rainbow Girl's Name _____

Parents Name _____

Home Address _____

Home Phone Number _____

Signature of Mother Advisor _____

Signature of Chairman of the Board _____

Signature of Parents _____

Mother Advisor and Advisory Board Members:

Any Rainbow Girl can apply for this medical assistance award if she has a medical need and will require medical attention.

In order to substantiate the Rainbow Girl's medical condition and the need of assistance this application must be accompanied by a statement from:

1. Her doctor AND
2. Mother Advisor and Chairman of the Advisory Board

This Medical Assistance Fund is paid out in an amount only equal to the yearly-accrued interest on the account. The principal amount will be kept intact thereby ensuring the continuity of this fund in future years. Contributions to this account are greatly appreciated and may be made payable to Indiana Grand Assembly and sent to:

Lynn Shoulders, Supreme Inspector, 1492 E SR 64, Princeton, IN 47670

All bills or receipts need to be sent to the Supreme Deputy/Inspector prior to any payment being considered. No Expenditures will be considered unless there is no other coverage from which to seek payment. Once approved, amounts will be paid directly to the supplier of the services (doctor, hospital, etc.) or to the parents as reimbursement for expenses incurred and already paid by them.

The Rainbow Girl's attendance at Grand Assembly will not be required as she may not be physically able to attend.

Applications must be submitted by **May 30th** to:

Mrs. Lynn Brinson 782 S. Main St. Linton, IN 47441 812-208-5024