



**To be considered for a Bee Mighty grant, each of the following must be attached with your application email:**

- Copy of Insurance Benefits showing requested therapy is not covered by insurance OR Letter of Denial from insurance showing benefit is not included or benefit has been exhausted.
- Letter from Therapy/Equipment service provider detailing the benefit of services to the child and the cost.
- Include a description of your child's condition (including financial need), benefit of requested services to the child, and why your family is in need of assistance. Please provide as much detail as you are willing.

**PERSONAL INFORMATION**

Child's Name (First, Middle, Last) \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent's/Guardian's Name (s) \_\_\_\_\_

Address (if different from patient) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**MEDICAL INFORMATION**

Where was your child in the NICU? Hospital Name/City/State \_\_\_\_\_

Length of NICU Stay \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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

**APPLICATION REQUIREMENTS**

Family Size \_\_\_\_\_ Household Income \_\_\_\_\_ Amount of Support Requested: \_\_\_\_\_

Have you previously been awarded a Bee Mighty Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

List additional therapies/equipment your child currently receives \_\_\_\_\_

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

Requested Therapy/Equipment Provider: \_\_\_\_\_

Provider/Therapist/Vendor Email Address: \_\_\_\_\_

**BEE MIGHTY**

Have you applied previously for a Bee Mighty grant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

How did you hear about Bee Mighty? \_\_\_\_\_

Would you be willing to share your story? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in getting involved with Bee Mighty? Yes \_\_\_\_\_ Not at this time \_\_\_\_\_

**CONFIDENTIAL**

Certain requests may require additional information. Bee Mighty does not suggest or recommend providers.  
Email is the preferred way of submitting documents: [beemightyapplications@gmail.com](mailto:beemightyapplications@gmail.com). Questions: 980-272-1596