

Paper Grant Application

Fear Not Foundation · Saraland, Alabama · fearnotfoundation.net

"Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand." — Isaiah 41:10

Who this application is for

This paper application exists for anyone who would rather fill out a form by hand than apply online. It is the same application as the online version — three pillars, one intake system. Once we receive it, your application is treated the same as any other.

How to submit

Fill out **Pages 1–2 (About You)** and the section for the one pillar you are applying under. Drop your completed application at any partner church or community center, or mail to: **Fear Not Foundation, P.O. Box [TBD], Saraland, AL 36571.**

Our promise to you

You will receive written acknowledgment within **48 hours** of us receiving this application, and a written decision within **30 days**. Every applicant — approved or denied — gets a real answer in writing. Denials include encouragement to reapply.

If you need help filling this out

Ask a pastor, teacher, social worker, mentor, or family member to help. If no one is available, call the Foundation at the number listed at fearnotfoundation.net and someone will help walk you through it.

Which pillar am I applying under?

Check the **one** pillar that best fits your situation. If you are not sure, check the one closest and a Foundation reviewer will help route it correctly.

<input type="checkbox"/> COMFORT & DIGNITY	<input type="checkbox"/> NEXT GENERATION	<input type="checkbox"/> LAUNCHPAD
For elderly and homebound neighbors and their caregivers.	For children, youth, and the families who raise them.	For first-generation entrepreneurs and people rebuilding after hardship.

Part 1 — About You

Required for every applicant, every pillar.

Your information

Full legal name

Preferred name (if different)

Date of birth

Best phone number

Email (optional — if you have one)

Mailing address — street

City

State

ZIP

Were you nominated by someone?

If a pastor, teacher, social worker, mentor, or community member is submitting this on your behalf, ask them to fill in their information here:

Nominator's name (if applicable)

Nominator's relationship to you / phone

Part 2 — Your Story

Tell us, in your own words, who you are and what you need. There are no wrong answers. Write as much or as little as feels right.

1. In one sentence, what would help most?

2. What's been the hardest part of the last 6–12 months?

3. If we said yes to this application, what would change in your life in the next 90 days?

4. Have you applied for help anywhere else? Did you receive it? (No judgment either way — we just want the picture.)

PART 3A · COMFORT & DIGNITY · Elderly & Homebound

Fill out this section only if you checked Comfort & Dignity. If you are completing this on behalf of an elderly neighbor or parent, answer for them.

Living situation (check all that apply)

- Live alone
- Live with spouse
- Live with family
- Assisted living
- Homebound most days
- Receive in-home care

What kind of help would matter most? (check all that apply)

- Groceries / meals
- Utility bill
- Medical co-pay / Rx
- Home repair
- Yard / handyman work
- Transportation
- Companionship visit
- Holiday meal
- Other (describe below)

If you checked "Other," briefly describe:

Estimated cost of the help you're asking for

- Under \$250
- \$250 – \$500
- \$500 – \$1,000
- \$1,000 – \$2,500
- \$2,500 – \$5,000
- More than \$5,000

Is there a pastor, social worker, or family member we can speak with?

PART 3B · NEXT GENERATION · Children, Youth & Families

Fill out this section only if you checked Next Generation. If a parent or guardian is completing this for a child, answer about the child.

Who is this for?

- A child in my care
- A youth I mentor / teach
- Myself (parent / guardian)
- Our whole family
- A youth I work with
- Other (describe)

Child / youth age(s)

Grade / school (if applicable)

What kind of help would matter most? (check all that apply)

- School supplies
- Tutoring / academic support
- Sports / activities fees
- Clothing / uniforms
- Camp / enrichment program
- Counseling / mental health
- Mentorship
- Emergency family expense
- Other (describe below)

If you checked "Other," briefly describe:

Estimated cost of the help you're asking for

- Under \$250
- \$250 – \$500
- \$500 – \$1,000
- \$1,000 – \$2,500
- \$2,500 – \$5,000
- More than \$5,000

Is there a teacher, counselor, coach, or pastor we can speak with?

PART 3C · LAUNCHPAD · First-Generation Entrepreneurs & Rebuilders

Fill out this section only if you checked Launchpad. This pillar is for people starting a small business, building a trade, or rebuilding after hardship (recovery, incarceration, foster care, single parenting, layoff). Hand-ups, not handouts.

Where are you in your journey? (check the closest)

- Idea stage — not started Just started 0–6 months in
- 6–18 months in 18+ months — growing Rebuilding after a setback

In one sentence, what does your business or work do (or what would it do)?

What would \$500–\$5,000 unlock? (check all that apply)

- Tools / equipment Licenses / permits Insurance / bond
- Inventory / materials Vehicle repair Childcare to keep working
- Software / website Training / certification Other (describe below)

If you checked "Other," briefly describe:

Estimated cost of what you're asking for

- Under \$500 \$500 – \$1,000 \$1,000 – \$2,500
- \$2,500 – \$5,000 \$5,000 – \$10,000 More than \$10,000

Have you worked with a mentor or counselor before? (e.g., SBDC, SCORE, church mentor, family friend)

- Yes — currently Yes — in the past
- No, but open to it No, prefer to work alone

If you're rebuilding after a setback, anything you want us to know? (Optional. No judgment.)

Part 4 — Signature & Permissions

Last page. Please read carefully and sign.

Honest representation

By signing below, I confirm that the information on this application is true and complete to the best of my knowledge. I understand that knowingly providing false information may result in denial of this application and disqualification from future applications.

Permission to verify (optional)

I give Fear Not Foundation permission to contact the pastor, social worker, teacher, mentor, or nominator listed on this application to verify the information here and to better understand my situation.

Yes, you may contact them No, please do not

How we'll communicate the decision

Within **48 hours**, we will send written acknowledgment that we received this application. Within **30 days**, we will send a written decision — approval or respectful denial — using the contact information above.

Sharing your story (optional)

If approved, we may invite you to share — in writing, on video, or in person — how the support helped. Participation is always voluntary and never a condition of receiving help. We will never share your name, photo, or story without your written permission.

Open to sharing my story Prefer to remain private Decide later

Applicant signature

Date

If applicable — guardian / nominator signature

Date

Where to return this application

Drop off: any partner church or community center displaying the Fear Not Foundation seal.

Mail: Fear Not Foundation, P.O. Box [TBD], Saraland, AL 36571.

Scan / photo + email: apply@fearnotfoundation.net (if you have someone who can help you do this).

Thank you for the trust it took to fill this out. We read every one. — Kevin Nezat, President