



---

## ***“A Breath for Alessandra” Financial Assistance Award***

*For distinguished individuals who have overcome significant challenges in life.*

“A Breath for Alessandra” is a not-for-profit charity that was founded to honor the memory of Alessandra Del Principe. Alessandra displayed resilience and bravery in the face of numerous chronic medical conditions, including asthma and cerebral palsy (CP). Alessandra wanted to inspire and support others; she was dedicated to volunteering her time to organizations like the local 4-H group and Planned Lifetime Assistance Network of New Jersey (PLAN NJ). “A Breath for Alessandra” was created to continue her legacy of helping people, especially those living with asthma and other conditions.

### **APPLICATION PROCESS**

To be eligible for “A Breath for Alessandra” Financial Assistance Award, you must submit **ALL** of the following:

1. A completed Application for Financial Assistance, which has been attached to this form.
2. A **short personal statement** (one page maximum, single-spaced) that discusses the following:  
A Breath For Alessandra Charity wants to know about the challenges you have experienced and how you overcame them. These may be medical, physical, or financial, but this is not an exhaustive list. You may wish to include the role your support system has played, such as family, friends, current/former employers, faith leaders, sports advisors, or other mentors.
3. Once completed, send your Application for Financial Assistance and personal statement to [abfcharity@gmail.com](mailto:abfcharity@gmail.com) and include the subject line: “A Breath for Alessandra Financial Assistance Award.”

### **APPLICATIONS ARE REVIEWED AND CONSIDERED ON A ROLLING BASIS.**

The winner of the “A Breath for Alessandra” Financial Assistance Award will be chosen by the application committee. Selected applicants will be notified via phone and email. If selected for the “A Breath for Alessandra” Financial Assistance Award, the application committee will need a high-resolution photograph of you which can be emailed to [abfcharity@gmail.com](mailto:abfcharity@gmail.com).

**Email:** [abfcharity@gmail.com](mailto:abfcharity@gmail.com)  
**Website:** <https://abfcharity.org>

**Address:** P.O. Box 4511  
Broadlands, VA 20148



---

The application committee looks forward to hearing from you and hopes you stay in touch! The best way to stay connected with us is to follow us on:

Facebook: <https://www.facebook.com/abreathforalessandra>

Instagram: [https://www.instagram.com/a\\_breath\\_for\\_alessandra/](https://www.instagram.com/a_breath_for_alessandra/)

Website: <https://abfcharity.org>

Sincerely,

*Lawrence Del Principe*

Lawrence Del Principe  
Founder & Chairman  
A Breath for Alessandra

**Email:** [abfcharity@gmail.com](mailto:abfcharity@gmail.com)  
**Website:** <https://abfcharity.org>

**Address:** P.O. Box 4511  
Broadlands, VA 20148



## APPLICATION FOR FINANCIAL ASSISTANCE

Name (Last, First, Middle)	Best Phone # to Reach You		Alternate Phone #
	10 Digit Phone #	If this is a cell phone number, I agree to receive Text Messages: <b>Yes</b> <b>No</b>	

Birth date	Social Security Number	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Mailing Address (Street or P.O. Box)	City	State	Zip
Address Where You Live (Street)	City	State	Zip

Email Address	Preferred Language	Marital Status
	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____	<b>Marital Status</b> <input type="radio"/> Married (Legal or Common Law) <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed

### RESIDENCY

1. In what county, state and country do you live (where is your permanent home)?  
 County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
  
2. If you are **not** a U.S. Citizen or U. S. National, do you have eligible immigration status?  

Yes     No

  
 If **yes** (a) Immigration Document Type \_\_\_\_\_ (b) Visa # \_\_\_\_\_ Visa Code \_\_\_\_\_  
 (c) Expiration Date: \_\_\_\_\_

<sup>1</sup> You consent to receive text messages that may be sent through an automatic telephone dialing system. Your cellular network carrier may charge standard text messaging and data rates based on your service plan.



## INCOME INFORMATION

4. List all of your household's income (money received) below for the last 60 days. Be sure to include the following: Government checks including Social Security, money from work, income from self-employment, unemployment benefits, and VA benefits. You will need to provide proof of all income received in the last 60 days.

Name of person receiving money	Name of employer, person, or agency that provided money	Gross amount received in last 60 days (before any deductions taken)	How often received? (daily, weekly, every two weeks, twice a month, monthly, other)

## HEALTH COVERAGE

5. Did you or anyone in your household get health care coverage?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Is anyone unable to work because of a serious disability?  Yes  No If yes, who? \_\_\_\_\_

## RIGHTS AND RESPONSIBILITIES

- The statements I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief. I understand this application is a legal document. If I omit information or give false information, A Breath for Alessandra (ABFA) reserves the right to pursue all legal remedies up to and including criminal prosecution to the fullest extent allowed by law.
- I agree to give ABFA members any information necessary to prove statements about my eligibility.
- I agree to **report** any of the following changes within 14 days from date of change: 1) Income 2) Mailing address or address where I live 3) Number of people who live with me 4) Changes in health coverage and 5) Immigration status
- If you provide us with your e-mail address, you agree to receive communications from ABFA about your and your family's eligibility. **IF YOU PROVIDE US YOUR EMAIL ADDRESS, YOU MUST KEEP YOUR E-MAIL ADDRESS CURRENT.** You agree that e-mail and text messages may not be a private communication between you and ABFA and understand that anyone with access to your e-mail account or text messages, such as a family member or employer, may be able to access these communications.
- I have been told and understand that this application will be considered without regard to race, color, religion, creed, national origin, age, sex, disability or political belief.
- I understand that by signing this application, I agree to give ABFA any information it needs to identify and locate all other sources of payment for financial needs.
- My signature below authorizes the release of information to ABFA and to review records.
- I understand that by signing form this I consent ABFA to use my personal information only if chosen for financial assistance.

## BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND CORRECT

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Representative,  
if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Helping Complete  
Form, if applicable

\_\_\_\_\_  
Date