



*Affiliated with the Adirondack Foundation*

## **APPLICATION FOR ASSISTANCE**

### **Our Purpose:**

The Christopher Emmet Hallowell Fund (CEH Fund), created by his friends and family, seeks to perpetuate Christopher's living memory of experiencing life to its fullest potential. One of Christopher's most cherished beliefs was that, despite illness, many of his opportunities were the result of the ever present support he received from his family during treatment. This support strengthened Christopher's resolve not to allow illness to take away from his quality of life. The CEH Fund seeks to perpetuate Christopher's legacy by providing financial assistance to families for incidental and unexpected expenses while caring for a child or young adult with a severe illness, thus allowing family members to provide the same continuous love and support that so greatly impacted the quality of Christopher's life.

### **Eligibility Guidelines:**

Families or individuals caring for severely ill children or young adults living in Essex, Clinton or Franklin counties of New York State. Funding amount decisions will be made by weighing the following criteria: family need, other extenuating financial circumstances and actual funding available through the Fund at the time of the request. Grants will be made for one year, but applicants may reapply annually for continued funding. Copies of expense receipts must be provided if applicable. Financial assistance given through the CEH Fund cannot be used for medical care or treatment. However, a brief note from a doctor or other relevant third party explaining the medical need is recommended. These funds are not a replacement for medical insurance or the costs associated with securing insurance. A follow up grant report will be required six months after grant is issued to ensure the funds were spent as agreed.

The Adirondack Foundation administers the CEH Fund, and mobilizes resources to support the needs of communities and nonprofits. For information please call 518.523.9904, visit [www.GenerousACT.org](http://www.GenerousACT.org) or [www.CEHFund.org](http://www.CEHFund.org).

### **Mail applications to:**

Adirondack Foundation, PO Box 288, Lake Placid, NY 12946

### **Christopher Emmet Hallowell**

***February 3, 1972 – December 12, 2002***

Christopher Emmet Hallowell was born on February 3, 1972. At 15 months of age, he was diagnosed with leukemia and underwent extensive treatment with his mother, father, three brothers and sister always by his side. Despite the damage this treatment had on his heart and lungs, Christopher lived the full life as he defined it.

In 1988 he underwent a successful heart/lung transplant operation. Recovery was again sustained through the constant support of his friends and family allowing Christopher to once again embrace all his loves in life. He spent winters skiing, shopping, and attending college. Summertime was spent boating, knee boarding, and his favorite – fly fishing. Never once allowing the life he chose to be modified by the illnesses his body experienced.

In November, 2002, he entered Massachusetts General Hospital for further treatment. As always, his mother Daphne, and his father Lee were by his side watching TV, checking e-mails, and reading. Brothers and sister, in-laws, nieces and nephews visited daily calling ahead to get orders for new music, new magazines, and new ideas for take out!

On the night before he passed away, Christopher joked with a friend who had stopped by for a visit saying, "Thank God you came in, I need a break from the family!" But he knew that his life and his spirit had been sustained because of the constant love and support of his family. On December 12, 2002 Christopher Emmet Hallowell passed away leaving behind a family and a community of supporters.

Our hope in creating the Christopher Emmet Hallowell Fund is to reach out to families struggling to care for children with severe illnesses because of travel costs, lost time at work, and the unexpected incidentals. By providing these resources for those most in need we honor Christopher's life, and all those who cared for him.



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**APPLICATION FOR ASSISTANCE**  
**ALL APPLICATIONS FOR ASSISTANCE ARE CONFIDENTIAL**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Employer/Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer/Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Annual Household Income: \_\_\_\_\_ Total Number of Household Residents: \_\_\_\_\_

Insurance and Other Sources of Funding: \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe your child's illness and their current diagnosis (use additional paper if necessary):

\_\_\_\_\_

Date of Onset: \_\_\_\_\_ Where is Care Being Provided? \_\_\_\_\_

Are there any additional financial circumstances making assistance more important? \_\_\_\_\_

**Please Attach the Following:**

- 1) A copy of page one and two of your income tax return for the previous year.
- 2) An itemized list of expected and/or actual expenses.
- 3) Expense receipts or a commitment to submit receipt once payment has been made. (*Copies are acceptable.*)
- 4) A note from doctor or other appropriate third party that can attest to your situation and provide a reference.
- 5) Completed W-9 Request for Taxpayer Identification and Certification form (required)

**Please Note:**

No more than two adults per applicant may apply. A follow-up report will be requested by the applicant to report on improved health, family photos, stories of emotional experiences to help share information on the Fund with others.

I attest that the information furnished above is true to the best of my knowledge and that the grant for which I am applying is for needs that cannot be met by other sources of financial assistance.

I hereby give permission for Adirondack Foundation, acting on behalf of The Christopher Emmet Hallowell Fund, to verify information provided above with the health care providers and employers listed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed applications to:** Christopher Emmet Hallowell Fund • c/o Adirondack Foundation • P.O. Box 288 • Lake Placid, NY 12946  
For more information: Phone (518)523-9904, Fax (518) 523-9905 • E-mail: [info@generousACT.org](mailto:info@generousACT.org)

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,