



APPLICATION

Written Application

Please submit the following information via email at apply@jimcollinsfoundation.org, or mail to P.O. Box 1002, North Branford, CT 06471. If you have any questions about what is needed for this application, or you would like to apply but are not able to submit a written application, call (203) 376-8089.

1. Personal Essay:

In 800 words or less, please tell us your personal story. We would like to know about who you are, and how you have gotten to where you are today. This can include your personal history, your accomplishments and your times of struggle, and any involvement you have had with the transgender, transsexual, or LGBTQ communities. Please tell us how surgery fits into your transition and what it means to you. Why do you think you should be considered for a Jim Collins Foundation grant?

2. Surgery Plan:

If you have already determined a plan for surgery, please provide the following information:

- Surgeon name and contact information.
- Stage for meeting the pre-surgical requirements and surgical clearance with the physician.
- Your plan for post-surgery support, or including who will provide transport and care-taking following your surgeries.

3. Personal Letters of Recommendation:

If possible, we would like to hear more about you through the words of your friends and/or family members. Please provide two letters of recommendation, each 500 words or less, from people in your personal life. However, we understand that this may not be possible, and also encourage a statement about how your personal relationships have impacted your life.

4. Professional Letter of Recommendation:

Please provide a copy of the letter of support for your surgery from a licensed medical provider, social worker, or psychotherapist. If you are not currently seeking medical or mental health care, please describe your ability to access this professional letter.

5. Health Insurance:

If you currently carry health insurance of any kind, please provide us with a copy of your policy for our consultants to determine whether or not you have coverage.

6. Financial information:

In order to assess the need of our applicants, the Jim Collins Foundation will need your financial information. Please provide one of the following:

- Pay Stubs - provide either the most recent with "Year to Date" income listed
- W-2 Form or income tax return for most current calendar year
- Statement of Social Security benefits or other benefits

Also, please describe the efforts you have made to cover part of the surgery cost on your own, including the amount you have raised.

***Please note: application will not be processed or reviewed by the selection committee unless they are complete.**