Ticked Off Lyme Foundation
2026 Grant Application

Instructions for Application

Ticked Off Lyme Foundation Inc. is dedicated to supporting individuals in Iowa affected by Lyme disease by providing financial assistance for treatment, testing, and other related expenses. Our grant program is designed to help those who face financial barriers in accessing necessary care.

Please read the application carefully and provide complete and accurate information. Incomplete applications may not be considered.

Application Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: ☐ Email ☐ Phone

How did you hear about the Ticked Off Lyme Foundation Inc.?

_____

Medical & Financial Need

1. Do you have a confirmed Lyme disease diagnosis:
   - ☐ Yes **(If yes, please go to question #2)**
   - ☐ No (If no, please explain your situation in the space provided)

_____
_____
_____
_____
_____

2. Please provide details about your diagnosis, including the date of diagnosis, the doctor or facility that diagnosed you, and any co-infections you may have.

_____
_____
_____
_____

3. What Lyme-related treatments, medications, or services are you seeking financial assistance for? (Check all that apply **& provide a letter from your provider**)
   - ☐ Doctor visits
   - ☐ Lab testing
   - ☐ Medications
   - ☐ Supplements
   - ☐ Alternative therapies (ex: herbal, ozone, IV treatment, etc.)
   - ☐ Other (please specify) _____

4. Have you applied for other financial assistance or grants for Lyme treatment?
   - ☐ Yes (please list the sources and amounts)

     _____
     _____
     _____
   - ☐ No

5. Please provide a brief explanation of your financial situation and why you are in need of assistance. (we are not asking for your yearly income)

_____
_____
_____

6. Total amount requested: $_____ (you may not receive the entire amount requested)

7. How will this funding help improve your health and quality of life? (feel free to use a separate sheet for this question if you need to)

   _____

   _____

8. Have you previously received a grant from the Ticked Off Lyme Foundation?

   ☐ Yes (Please provide the year and amount received) _____

   ☐ No

Supporting Documentation

To process your application, please submit the following documents:

- A letter from your healthcare provider confirming your Lyme diagnosis and the necessity of treatment **or** a treatment estimate or invoice from your provider for the expenses you are seeking assistance with and
- A personal statement sharing your Lyme journey and how this grant would impact your health (only if we do not already have your journey in writing)

Agreement & Signature

By signing this application, I confirm I have read and understand the entire application form and process. I also confirm all information provided is accurate and complete to the best of my knowledge. I understand that submitting false information may disqualify me from receiving assistance.

I acknowledge that funding is limited, and applications are reviewed based on need, available funds, and alignment with the foundation's mission.

If awarded a 2026 grant, I will provide all medical/supplement bills to the Ticked Off Lyme Foundation in acknowledgement that I am using the funds appropriately.

Signature _____ Date _____

Signature of Guardian _____ (if patient is under the age of 18)

Submission Instructions

Completed applications and supporting documents can be submitted via email to: (Tickedofflymefoundation@outlook.com)
OR
Mailed to: Ticked Off Lyme Foundation
P.O. Box 172
Fairfax, IA 52228

NO LATER THAN OCT. 10, 2026. Grants will be released mid-November 2026.

Grant recipients will be notified via email, so when applying please provide us with an accurate email address and check your junk email frequently beginning November 15, 2026. ONLY awarded grant recipients will receive an email.

If applying for funds from previous expenses, please provide receipts with your application. Do not go back further than January 1, 2026.

If applying for funds for upcoming appointments, please provide a list of these expenses with date of appointments.

For questions, please contact us at: Tickedofflymefoundation@outlook.com

We appreciate your time and look forward to reviewing your application. Thank you for fighting the fight of Lyme disease – WE see you, WE support you, and WE are here to help.

Sincerely,
Ticked Off Lyme Foundation Team