

Rockin4ALS Never Walk Alone Quality-of-Life Grant Application

Who is Rockin4ALS

Rockin4ALS is a community of ALS supporters, patients, caregivers, family, friends, and volunteers. Together we raise funds and awareness for ALS to help provide vital patient services in Madison, Dane County, and throughout Wisconsin.



About the Grant

Rockin4ALS is proud to offer the Quality-of-Life Grant program. Each grant provides a \$1,000 award to ALS patients living in Wisconsin. We understand that living with ALS brings unique challenges, and we believe you know best what will bring you comfort, relief, or joy. This grant is completely unrestricted. Whether you need to cover medical bills, purchase accessibility equipment, pay for household expenses, or fund a family getaway or special experience—this grant is yours to use however you see fit.

Eligibility & Guidelines

Please read the following before applying:

Diagnosis: Applicant must have a confirmed diagnosis of ALS (Amyotrophic Lateral Sclerosis).

Residency: Applicant must currently reside in the state of Wisconsin.

Financial Need: As a non-profit, our funds are limited. While we do not require financial documentation (tax returns, etc.), we operate on an honor system. We kindly request that only patients with genuine financial need apply, to ensure we can support those in our community who need it most.

Applicant Information:

Patient Full Name:	
Patient Mailing Address:	
Preferred Contact Information (phone/email):	
Primary Caregiver Name:	
Diagnosing Doctor Name:	
Clinic/Hospital Name:	

Impact & Story Sharing

We love to share the impact of these grants with our donors to help raise funds for future patients.

If awarded, we kindly request that you send us a brief description or photo of how you used the funds. Sharing your intended use of the funds is entirely optional—but if you have a vision, we'd be honored to hear it.

Privacy Promise:

- If you share your story with us, we will use it in our promotional materials anonymously (e.g., "A patient from Madison used the grant to fix their wheelchair van...").
- We will strictly protect your identity unless you give us explicit written permission to use your name.

Certification:

By signing below, I certify that (Patient Name) _____

- Has been diagnosed with ALS.
- Is a Wisconsin Resident.
- Has a Financial Need.
- The information provided in this application is true and accurate.

Signature of Patient or designated representative:	
Relationship with the patient.	
Who should the check be payable to?	
Date:	
Printed Name:	

Submission Instructions:

Please return this completed form to:

Rockin4ALS
PO Box 258141
Madison, WI 53725

Or

NeverWalkAlone-QOLgrant@rockin4als.org

Applications are reviewed on a rolling basis. You will be contacted via your preferred contact method regarding the status of your application.

WWW.Rockin4ALS.org | PO Box 258141 Madison WI 53725 |
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