



MICHAELA OLSON MEMORIAL

Application for Sponsorship



On July 1, 2012, Michaela Olson lost her life after being misdiagnosed with asthma and later vocal chord dysfunction. She had come in contact with a common fungus called Histoplasmosis. Michaela's parents put together two fundraisers to help raise awareness on this sometimes deadly fungus. The proceeds raised are helping them sponsor underprivileged youth to attend mission trips that they otherwise wouldn't be able to afford. Applications are opened year round.

- Applicants **MUST** be between the ages of thirteen (13) and eighteen (18), currently enrolled in 7th through 12th grade (home schooled students included), actively involved in his or her church/youth group, and live in Minnesota. Financial need will be a factor in determining award amounts/recipients.
- Applicants **MUST** write a 500-word essay that explains their monetary need, what they hope to accomplish from the upcoming mission trip, and how they feel it will impact them in the rest of their life.
- All requests **MUST** include a letter of recommendation by their pastor/youth pastor, on their church's letterhead, acknowledging the youth's need and benefit. The pastor's/youth pastor's letter **MUST** state when the funds are needed, dates of the mission trip, where they are going for the mission trip, and how much sponsorship money is needed. Payment will be made directly to the church. Proof of attendance to the mission trip is required.

Application **MUST** be signed by the applicant, by one of their parents/guardians, and by their pastor/youth pastor. Failure to have **ALL** signatures and **ALL** attachments included will result in your application being disqualified.

HOW TO SUBMIT: Please print the 2-page application form and fill it out. Be sure to include your 500-word essay and your pastor's/youth pastor's letter of recommendation. Mail it to: Michaela Olson Memorial, 10100 43rd CT NE, St. Michael, MN 55376

QUESTIONS: Please use the Contact page on this website or email at: info@welovemichaela.com.

Failure to enclose ALL attachments will result in your application being disqualified.

DISCLAIMER: While we will try to accommodate as many requests as possible, we simply cannot fulfill every one. In order for you to be considered for a sponsorship from Michaela Olson Memorial, you must follow the guidelines. There are no exceptions to the guidelines and all decisions made are final. Keep in mind that the amount of sponsorship awarded may not cover the entire amount needed for your mission trip.

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NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME OF SCHOOL/HOME SCHOOL: _____

SCHOOL NUMBER: _____ CITY _____ STATE: _____

WHAT GRADE ARE YOU IN: _____ AGE: _____

NAME OF YOUR CHURCH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S SIGNATURE _____

DATE: _____

PARENT'S/GUARDIAN'S SIGNATURE _____

DATE: _____

PASTOR'S/YOUTH PASTOR'S SIGNATURE _____

DATE: _____