



To make a request for assistance, please submit the required information listed in this guideline.

All applications will be considered, benefactors will be chosen at the sole discretion of Talk About Sleep, Inc.

Provide your contact information:

Name	Phone
Street address	Cell phone
City, State, Zip	Email

Answer questions 1-6:

- 1) What is your diagnosed sleep disorder?
- 2) Are you a registered member of Talk About Sleep?
- 3) If you are registered member of Talk About Sleep message boards, what is your user name?
- 4) If you are a participant in Talk About Sleep Chats, what is your user name?
- 5) Did you submit a recipe for the Pay It Forward Cookbook? Name of recipe.
- 6) Have you purchased a Pay It Forward Cookbook?

Write your comments and requests based on the following 3 questions:

- 1) Provide a brief overview of your need for assistance, the type of assistance you request and why you think you should be chosen for one of the following:
Scholarship to attend Narcolepsy Network Conference
CPAP equipment
Sleep Disorder diagnostic procedure
Other request -please provide details
- 2) Tell us how you have helped get the word out to encourage others to support our fund raiser by purchasing a cookbook. Include URLs of posts you have made on other sites.
- 3) How do you pay it forward in your life?

By submitting this application you agree to allow Talk About Sleep to publish your name (first name, last name initial), city and state and the assistance awarded if you are selected and given funds.

Email your request to cookbook@talkaboutsleepp.com
or Fax your request to: 952-479-7756
or Mail to: Talk About Sleep PO Box 146 Chaska, MN 55318
for more information, email cookbook@talkaboutsleepp.com

