



Brothers Jones YLD Health Grant Application

For PBA Young Lawyers Division Members Facing Medical Hardship

Purpose of the Fund

The Brothers Jones YLD Health Donor Fund provides financial assistance through a grant to PBA Young Lawyers Division (YLD) members experiencing significant hardship due to a serious medical crisis involving kidney disease or cancer. The grant is intended as retrospective support, recognizing the emotional and financial toll these situations impose and offering assistance as families begin to recover.

This grant was created in memory of and to honor Ruby Jean Jones, the beloved mother of Foundation President, Michael B. Jones and his two brothers, Roger and Steven.

Eligibility Criteria

Applicants must meet the following requirements:

- Be a current member of the PBA Young Lawyers Division.
- Demonstrate financial need for expenses directly related to the treatment or care of:
 - Themselves,
 - Their spouse, or
 - A minor child.
- Have not previously received a grant from this fund (one-time award limit).
- Maximum award amount: \$5,000.

Application Options

- **Direct Application:** Eligible members may apply on their own behalf.
- **Anonymous Nomination:** Applications may also be submitted by colleagues or peers to ensure consideration for those unable to apply themselves.

Confidential Review Process

- All applications and nominations will be reviewed confidentially by the donor family and designated staff.
- Privacy and dignity are central to the process.
- Grants are awarded once per year, based on:
 - Demonstrated financial need,
 - Number of applicants or nominees, and
 - Total funds are available for that cycle.

Application Form

Applicant/Nominee Information

Full Name: _____

Mailing Address: _____

PBA Member Number: _____ Phone: _____

Email Address: _____

Relationship to Nominee (if applicable): _____

Nominator's Name and contact information:

Medical Crisis Information

Type of medical crisis (kidney disease or cancer): _____

Individual affected (self, spouse, minor child): _____

Brief description of circumstances (attach a separate sheet if needed):

Financial Need

Total medical-related expenses incurred: _____

Amount of assistance requested (up to \$5,000): _____

Explanation of financial hardship (attach a separate sheet if needed):

Supporting Documentation (Attach any relevant documentation such as medical bills, treatment summaries, or letters of support.)

Certification I certify that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Submission Instructions

Completed applications or nominations should be submitted to: Pennsylvania Bar Foundation, 100 South Street,
P.O. Box 186, Harrisburg, PA 17108-0186 or e-mail to: info@pabarfoundation.org.