KAREN A. TOLSTRUPS FOND

Application for a personal grant

Application round 2027 · Multiple sclerosis (MS) · Deadline 15 March 2027, 4:00 pm

How to apply

1. Fill in the form on your computer, e.g. in **Adobe Acrobat Reader** (free) or **Preview** on a Mac, and **save the file**. Applications must be submitted digitally.
2. Send the form and your attachments to the foundation's secure email address **sikkermail@jungpetri.dk**. The attachments must not exceed 20 MB in total.
3. Write »Application for a personal grant« in the subject line.
4. Your application must be received no later than **15 March 2027 at 4:00 pm (Danish time)**. You will not receive an acknowledgement of receipt.

Fields marked with * are required. Do not include your CPR number (Danish civil registration number) or bank details in the application. The foundation will only ask for them if you are awarded a grant.

1 Who is applying?

I am applying *

◯ on my own behalf ◯ on behalf of another adult ◯ as parent/guardian of a person under 18

If you are applying on behalf of someone else, enter your own details here. Enter the details of the person the grant is for in section 2.

Your name

Your relationship to the person
e.g. spouse, child, parent or guardian

Your phone

Your email

I confirm that I have consent, power of attorney or another legal basis to apply on the person's behalf.

2 The person the grant is for

Full name *

Date of birth *
dd-mm-yyyy

Address *

Postcode and city *

Phone *

Email *

3 Illness

This year's disease area is **multiple sclerosis (MS)**. In 2027, grants can only be applied for in connection with this disease.

Diagnosis *

Year of first diagnosis *
yyyy

Year of any relapse
yyyy

How does the illness affect your daily life? Please describe briefly. *
Only include what is relevant to the application. You do not need to share more about your health than necessary.

Medical documentation of the diagnosis must be attached (see section 8).

4 Household and finances

Marital status *
e.g. married, cohabiting, single

Number of adults in the household *

Number of children living at home *

Current employment
Tick one or more boxes.

- [ ] Full-time
- [ ] Part-time
- [ ] On sick leave
- [ ] Flexi-job
- [ ] Disability pension
- [ ] State pension
- [ ] Unemployed
- [ ] Other

If other: please specify

Has the illness changed your work or financial situation? Please describe briefly. *

Your monthly income before tax (DKK) *

Spouse's/partner's monthly income before tax (DKK)
if relevant

Other significant income or benefits

Your latest annual tax statement (årsopgørelse) must be attached (see section 8).

5 What are you applying for?

Amount applied for (DKK) *
maximum DKK 10,000

What will the grant be used for? *

How is the expense or need connected to the illness? *

6 Other support

Have you applied for or received support for the same purpose from other foundations or public schemes?

◯ No ◯ Yes, application sent ◯ Yes, support granted

If yes: who did you apply to, what amount was applied for or granted, and what is the status?

Have you previously received support from Karen A. Tolstrups Fond?

◯ No ◯ Yes

If yes: year and amount

7 Professional who knows your situation

This section is optional.

Is a social worker, home nurse or other professional familiar with your situation?

◯ No ◯ Yes

If yes: name, role and contact details

I give permission for the foundation to contact this professional, if necessary, about matters relevant to the application.

8 Attachments

Attach the documents as PDF, JPG or PNG to the same secure email, and tick what you have attached.

Attachment	Requirement	Attached
Medical documentation of the diagnosis From your GP, hospital or treating department. Do not send full medical records – only what confirms the diagnosis.	Required	☐
Your latest annual tax statement (årsopgørelse)	Required	☐
Latest annual tax statement for spouse/partner	Required if household finances are relevant	☐
Documentation of the expense or purpose e.g. quote, invoice or estimate	If available	☐
Statement from a social worker or other professional	Optional	☐

9 Declaration and consent

☐ I declare that, to the best of my knowledge, the information in the application is correct. *

☐ I have read the foundation's privacy notice at en.jungpetri.dk/77/foundations. *

☐ **Consent to the processing of health data.** I give my explicit consent to Karen A. Tolstrups Fond processing the health data that I submit myself, or that is submitted on my behalf with my consent, to the extent necessary to assess and administer my application for a personal grant and any grant awarded. I have read the foundation's privacy notice and am aware that I can withdraw my consent by contacting the foundation. If I withdraw my consent before a decision is made, the foundation will normally be unable to complete the processing of the application. *

Consent text, version 15.09.2026. An application for a personal grant cannot be processed without this consent.

Date *
dd-mm-yyyy

Name of the person submitting the application *

Karen A. Tolstrups Fond · c/o Jung Petri Advokatpartnerselskab, Bomhusvej 13, DK-2100 Copenhagen Ø, Denmark · CVR no. 19401391 · Phone +45 70 60 57 58
Questions about your application: please contact Nicolai Jung, Attorney, en.jungpetri.dk/74/lawyer-nicolai-jung.
Read how the foundation processes your personal data in the privacy notice at en.jungpetri.dk/77/foundations.
This English form is a translation. In case of any discrepancy, the Danish version prevails.