



Please fill out the entire application for consideration

Child's Name _____ Child's Age _____

Type of child's cancer _____

Expected duration of treatment remaining: _____

Hospital affiliation: _____

Your name: _____ Your relationship to the child: _____

Total family size: _____ Phone number (Home/Cell): _____

Mailing address: _____

Your email address: _____

Please tell us about your child and his or her experience with cancer:

How can we help you? - What is it that your family needs? (Please be as specific as possible, including expenses)

If your request involves specific expenses, please list below:

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

Expense _____ Amount _____

What can we do to help make your child's cancer more manageable?

What activities is your child interested in? (Ex. video games, books, sports/teams, princesses, Barbie, art, Disney etc.)



What other organizations has your family applied to/previously received support from?

Organization	Type of Support	Amount	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are applying for the iFight Program:

How would an iPad to benefit your child?

Can a Give Hope Foundation representative contact you after the application is completed? **Y** **N**

Are you willing to provide a statement on how Give Hope Foundation assisted your family? **Y** **N**

Do you have access to a computer at home? **Y** **N**

I hereby release the rights of this information to be used by Give Hope Foundation at any time they may deem it helpful to use in their efforts to raise more money for children and families battling cancer. I understand that my story may be shared via a number of different formats with the public, including written, video, audio, or photographic.

Signature

Date

****Email this application to gnc@givehopefoundation.org, or to request an electronic copy.****