



Give Hope Foundation

Give Hope Hero Worksheet

Please visit www.givehopefoundation.org for information on the Give Hope Hero program
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:
Your phone number (Home/Cell):
Your mailing address:
Your email address:

Please tell us anything you'd like about your child and his or her experience with cancer.

Please tell us how we can help - 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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



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

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

Organization	Support type	Amount	When?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are applying for the Give Hope Hero Program:
How would an iPad to benefit your child?

Do you have access to a computer at home? Y___ N___

___ I would like the opportunity to volunteer for Give Hope Foundation

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

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