



One of the objectives of The Andrew McDonough B+ (Be Positive) Foundation is to financially assist deserving families of kids battling cancer. The Foundation provides grants to minimize the financial hardship that is **directly attributable** to the child's illness.

### APPLICATION FOR FINANCIAL ASSISTANCE

(To be completed by child's parent/legal guardian – You can type directly in to this document. If you submit a completely hand-written application, **PLEASE PRINT**)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

(Information will be used for statistical purposes only and will not affect eligibility.)

Ethnicity: African-American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_

Hispanic \_\_\_\_\_ Native \_\_\_\_\_ American \_\_\_\_\_ Other \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ANNUAL** Household Income (i.e. government assistance, child support, alimony, family assistance, all sources of income to pay living expenses): \_\_\_\_\_

Requested grant amount (\$ **amount required**): \_\_\_\_\_

Intended use of grant (if applicable, please provide bills paid directly to the vendor with the vendor name, account number, mailing address, family's last name, and dollar amount owed): \_\_\_\_\_

\*Parent/Legal Guardian's Hand-Written Signature \_\_\_\_\_

Date \_\_\_\_\_

- By signing this application, you are agreeing to allow publication of your child's name and medical condition by The Andrew McDonough B+ Foundation. Additionally, by signing this, you are giving your medical professionals and The B+ Foundation permission to share medical information about your child's case. Finally, by signing this, you are consenting to allow The B+ Foundation to share your application with other organizations in an effort to, potentially, gain additional funds for you.