

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 <u>directly attributable</u> 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 statistic	al purposes only and will not affe	ect eligibility)	
Ethnicity: African America	an Asian/Pacif	ic Islander Cau	ucasian Hispanic
Native American	Other:	Prefer not to answer:	
Parent/Legal Guardian No	ame:		
Address:			
City:	State:	Zip	Code:
Phone:	Cell Phone:		
Email Address:			
	ources of income to pay livin	g expenses)*:	
Intended use of grant *(Ple vendor name, account number			:
*Parent/Legal Guardian's	Hand-Written Signature	e 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.