



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)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ 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: \_\_\_\_\_

Email 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**): \_\_\_\_\_

Vendor name: \_\_\_\_\_ Dollar amount: \_\_\_\_\_

Family last name: \_\_\_\_\_ Account number: \_\_\_\_\_

Vendor mailing address: \_\_\_\_\_

Please provide bills **paid directly to the vendor**:

Our donors would love to see  
a photo of your brave hero:

\_\_\_\_\_  
\*Parent/Legal Guardian's 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 and publish your child's story in an effort to, potentially, gain additional funds for you.