



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): _____

Intended use of grant *(Please provide bills paid directly to the vendor with the vendor name, account number, mailing address, family's last name and dollar amount)*: _____

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, photo 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.