

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 statistical purpos	es only and will not affect eli	gibility.)
Ethnicity: African-American Asian	Pacific Islander Car	ucasian Hispanic
Native American Other	Prefer not to answer	
Parent/Legal Guardian Name:		
Address:		
City: State:	Zip Code:	
Phone:Cell phone	ə:	
E-mail Address:		
ANNUAL Household Income (i.e. governm		
sources of income to pay living expenses):		
Requested grant amount (\$ amount requi	red):	
Intended use of grant (if applicable, please	provide bills paid directly to t	the vendor with the vendor name
account number, mailing address, family's la	st name, and dollar amount o	owed):
*Parent/Legal Guardian's Hand-Written Signa	ature 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.