

ANDREW McDONOUGH



FOUNDATION®

One of the objectives of The Andrew McDonough B+ Foundation is to financially assist deserving families of critically ill children. The Foundation provides grants to help pay for living expenses, small medical expenses, travel, and/or lodging. If we can assist you in some small way in this regard, you can spend more quality time with your brave little boy or girl.

APPLICATION FOR FINANCIAL ASSISTANCE
(to be completed by child's parent/legal guardian)

Child's Name: _____

SSN: _____ DOB: _____ Gender: _____

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____

E-mail Address: _____

Annual Household Income: _____

Requested grant amount: _____

How do you intend to use the requested grant: _____

*Parent/Legal Guardian

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+ Fdn permission to share medical information about your child's case. Finally, by signing this, you are consenting to allow the B+ Fdn to share your application with other organizations in an effort to, potentially, gain additional funds for you.*

MEDICAL INFORMATION

(to be completed by medical professional)

Child's Diagnosis: _____

Date of Diagnosis: _____

Child's Physician: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please describe the child's medical condition and anticipated hospital stay:

Name and Title (please print)

Signature

Date