



REQUEST FOR FAMILY FINANCIAL GRACE

Julia's Grace Foundation® grants financial assistance or "graces" to families experiencing financial hardship due to the direct result of a child's cancer treatment and care.

CHILD'S NAME: _____

DOB: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

AMOUNT OF REQUEST: _____

PURPOSE OF REQUEST (PLEASE PROVIDE COPIES OF BILLS TO BE PAID):

HOUSEHOLD MEMBERS: (CONTINUE ON OTHER SIDE AS NEEDED)

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>AGE</u> |
|-------------|---------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ADDITIONAL MEDICAL INFORMATION

HOSPITAL: _____

CHILD'S PHYSICIAN: _____

DIAGNOSIS: _____

DATE OF DIAGNOSIS: _____

CHILD IS CURRENTLY IN ACTIVE TREATMENT FOR ABOVE DIAGNOSIS: _____

Julia's Grace Foundation® relies on donations and grants for funding. We would appreciate any comments that you could provide us on the impact of our work.

With signing below, you are attesting that all the information given is true and correct. You are also confirming with your signature that you have read policies for requesting a "grace" from the Julia's Grace Foundation® and your child and family meet all eligible criteria. With your signature, you are giving permission for medical professionals/social workers to confirm information about your child's case. Your signature also grants Julia's Grace Foundation® the right to use and reproduce any words of thanks, if received in writing, on our website, Facebook page and other media and promotional materials.

PARENT/GUARDIAN SIGNATURE

DATE

ADDITIONAL INFORMATION

(To be completed by social worker)

SOCIAL WORKER NAME: _____

SOCIAL WORKER TELEPHONE NUMBER: _____

SOCIAL WORKER EMAIL: _____

COMMENTS:

I have reviewed the information on this application and to the best of my knowledge this information is true and complete.

SIGNATURE

DATE

NAME AND TITLE (PLEASE PRINT)

Please email request to admin@juliasgracefoundation.org
We will do our best to respond within 2-3 days.