



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 – PLEASE PRINT)

Child's Name: _____

SSN: _____ DOB: _____ Gender: _____

Ethnicity: African-American _____, Asian/Pacific Islander _____, Caucasian _____, Hispanic _____, Native American _____, Other _____, Prefer not to answer _____

(Information will be used for statistical purposes only and will not affect eligibility.)

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____

E-mail Address: _____

Annual Household Income: _____

Requested grant amount: _____

Intended use of grant (please provide bills to be paid, if applicable):

*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+ 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.*

MEDICAL INFORMATION

(to be completed by medical professional)

Child's Diagnosis: _____

Date of Diagnosis: _____

Child's Physician: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

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

Name and Title (please print)

Signature*

Date

Social Worker's Email Address

* By signing this application, you are attesting to the accuracy of the information on both pages, to the best of your knowledge. Fraudulent applications may result in your institution being deemed ineligible for this program. Please be sure that the entire application is complete before submitting it. Incomplete applications will be returned to you.

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