

T-BURG TAKES ON
pediatric cancer



Date: _____

Family Grant Application

Child's Name: _____ Age at Diagnosis: _____

Parent(s)/Guardian(s) Name: _____ Phone #: _____

Name: _____ Phone #: _____

Address(s): _____ Email: _____

_____ Email: _____

Siblings & ages:

Health Insurance? _____yes _____no Name of Insurance Carrier: _____

Amount of Copay or % of Patient Responsibility: _____

Any additional aid being provided to family? _____yes _____no

If yes, please describe _____

Diagnosis: _____

Date of Diagnosis: _____ Physician: _____

General Prognosis: _____ Hospital of Treatment: _____

Distance to Treatment Center from Home: _____

Frequency of Visits/Treatments: _____

For Internal Use Only: Date Received _____ Rec'd by: _____

Approved: _____ Amount Approved: _____

Grants are awarded to Pediatric Cancer Families. Pediatric Cancer is defined as age Birth to 18 at time of diagnosis.

Funds disbursed will be used at the recipients' discretion.

T-Burg Takes On Pediatric Cancer is a local group of dedicated people doing our part to raise funds to support those families suffering through pediatric cancer.

Return to PO Box 555, Trumansburg, NY 14886 or call (607)342-1975