

Application for Assistance



Contact Information

Name of Child with T1D	
Name of Parent (s) child lives with:	
Street Address	
City/ ST/ County/ ZIP Code	
Main Phone #	
E-Mail Address	

Further Information

Year Child was Diagnosed with T1D	
Hospital where child goes for T1D appointments	
Home Phone	
Work Phone	
E-Mail Address	
Would you be willing to be a volunteer for Blue Wolverine Foundation?	
Disclaimer:	All information obtained from this application is only for Blue Wolverine Foundation statistical data. AT NO POINT WILL ANYONE ASSOCIATED WITH BLUE WOLVERINE FOUNDATION REQUEST FURTHER DETAILED MEDICAL RECORDS OF YOUR CHILD.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand by providing the information above, no one associated with the Blue Wolverine Foundation will ask or request any further detailed medical information or records of your child. I understand that if I am accepted as a recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form, and we look forward to speaking with you. After completing this form, please scan and send it to our email address (bluewolverinefoundation@gmail.com), or mail it to the following: [Blue Wolverine Foundation, P.O. Box 308, Palmyra, MO, 63461.](#)