



Recipient Application

Parent/guardian name: _____

Address: _____

Phone: _____ Email: _____

Child's Name: _____ Child's Age: _____

Diagnosis: _____ Date of First Diagnosis: _____

Current Status: _____ Does he/she have a page? _____

Is your child being treated at a Virginia-based hospital or facility? _____

Treating Hospital: _____

Social Worker: _____ Social Worker Number: _____

Below are our available options for travel systems. Please note, due to high demands, we are unable to fulfill requests for PS5 and Xbox Series X systems at this time. Please select which option your child is interested in.

GameOn! Options: Xbox One Pak ____ PS4 Pak ____ Nintendo Switch Pak ____ Laptop Pak ____ Mods Pak ____

While we cannot make any guarantees, please list anything that may help us build your child's Pak (i.e. favorite color, least favorite color, styles, special requests, etc.):

Where did you hear about us? _____

I hereby confirm that the above information is correct.

The Wes Strong Foundation ensures that any information on this form will remain confidential as well as any additional information gathered.

Do you allow the Wes Strong Foundation to share your family's story that you provide us and any photos/video that may be taken at the time the GameOn! Project Travel Pak is delivered for the purpose of advocating, bringing awareness to pediatric cancer, its difficulties, and our cause as well as to bring in additional funding to continue our program?

Yes: _____ No: _____ (check one).

Signed: _____ Date: _____

A member of Wes Strong will contact you if your child has been approved for a GameOn! Project Pak. It is at that time that we will begin putting together your child's Pak and will arrange a time with you for it to be delivered. Currently due to funds, we are only able to offer one Travel Pak per quarter. Please email the completed application to: support@wesstrong.org.

OFFICE USE ONLY:

Status: Y N C C: _____ Date: ____/____/____

Print: _____ Signed: _____