



Request for Financial Assistance

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? _____

Treating Hospital: _____

Social Worker: _____ Social Worker Number: _____

Siblings? Ages? _____

Financial Assistance Amount Needed: _____

Reasons for Assistance: _____

(Use additional pages if needed).

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 for the purpose of advocating and bringing awareness to pediatric cancer, its difficulties, and our cause? (Selecting 'No' does not hinder or prevent your request).

Yes: _____ No: _____ (check one).

Signed: _____ Date: _____

A member of Wes Strong will contact you once the application has been received and processed if you have been selected for a grant. Assistance is based on eligibility of funds. Please email the completed application and copy of bill (if applicable): support@wesstrong.org. Please consider sending a photo of your child with the application to help spread awareness.

OFFICE USE ONLY:

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

Print: _____ Signed: _____