



**ELLE FOUNDATION INC.**

[www.ElleFoundation.org](http://www.ElleFoundation.org)

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908-393-5529

## WISH APPLICATION

**PLEASE PRINT CLEARLY**

**TODAY'S DATE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_  
(Last) (First)

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

**AGE:** \_\_\_\_\_ **DATE OF BIRTH (with year)** \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

**NICKNAME:** \_\_\_\_\_

\_\_\_\_\_  
**MOTHER'S FULL NAME (as it appears on Driver's Lic)**

\_\_\_\_\_  
**FATHER'S FULL NAME (as it appears on Driver's Lic)**

\_\_\_\_\_  
**MOTHER'S DATE OF BIRTH (DD/MM/YYYY)**

\_\_\_\_\_  
**FATHER'S DATE OF BIRTH (DD/MM/YYYY)**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER**

\_\_\_\_\_  
**DRIVER'S LICENSE EXPIRATION DATE**

\_\_\_\_\_  
**DRIVER'S LICENSE EXPIRATION DATE**

\_\_\_\_\_  
**HOME ADDRESS**

\_\_\_\_\_  
**HOME ADDRESS**

\_\_\_\_\_  
**City State ZIP**

\_\_\_\_\_  
**City State ZIP**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**CELL PHONE**

\_\_\_\_\_  
**CELL PHONE**

\_\_\_\_\_  
**E-MAIL ADDRESS**

\_\_\_\_\_  
**E-MAIL ADDRESS**

**CHILD'S NAME:** \_\_\_\_\_  
(Last) (First)

**SIBLING INFORMATION**

FIRST NAME	LAST NAME	AGE	DATE OF BIRTH	GENDER
				___ Male ___ Female
				___ Male ___ Female
				___ Male ___ Female
				___ Male ___ Female

**GUARDIAN'S NAME** (if applicable, must provide documentation): \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**GUARDIAN'S ADDRESS:** \_\_\_\_\_

**ORIGINAL DIAGNOSIS**

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\_\_\_\_\_  
**NAME OF FIRST DIAGNOSIS**

\_\_\_\_\_  
**DATE OF FIRST DIAGNOSIS**

\_\_\_\_\_  
**HOSPITAL & PLACE OF TREATMENT (include city)**

\_\_\_\_\_  
**DATE ALL TREATMENTS ENDED**

**RECURRENCE/CURRENT DIAGNOSIS**

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\_\_\_\_\_  
**RECURENCE DIAGNOSIS**

\_\_\_\_\_  
**DATE OF RECURRENCE DIAGNOSIS**

\_\_\_\_\_  
**HOSPITAL AND PLACE OF TREATMENT (include city)**

\_\_\_\_\_  
**TREATMENT DATES:**

**CHILD'S NAME:** \_\_\_\_\_  
(Last) (First)

**PHYSICIAN INFORMATION**

\_\_\_\_\_  
**PHYSICIAN'S NAME** **PHYSICIAN'S PHONE NUMBER**

\_\_\_\_\_  
**PHYSICIAN'S MAILING ADDRESS**

\_\_\_\_\_  
**CONTACT AT DOCTOR'S OFFICE** **PHONE NUMBER**

\_\_\_\_\_  
**CONTACT'S E-MAIL ADDRESS**

**SOCIAL WORKER/REFERRING MEDICAL CONTACT INFORMATION**

\_\_\_\_\_  
**SOCIAL WORKER'S NAME** **TITLE**

\_\_\_\_\_  
**MAILING ADDRESS**

\_\_\_\_\_  
**EMAIL ADDRESS** **PHONE NUMBER**

**COMMENTS/ADDITIONAL INFORMATION BY REFERRING MEDICAL CONTACT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
(Last) (First)

HAS THIS CHILD BEEN GRANTED A FIRST WISH? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PREVIOUS WISH INFORMATION:**

DATE WHEN FIRST WISH WAS COMPLETED: \_\_\_\_\_

AGE OF CHILD WHEN FIRST WISH WAS COMPLETED: \_\_\_\_\_

NAME OF WISH GRANTING ORGANIZATION: \_\_\_\_\_

PHONE NUMBER OF WISH GRANTING ORGANIZATION: \_\_\_\_\_

BRIEFLY DESCRIBE THE FIRST WISH: \_\_\_\_\_

\_\_\_\_\_

**HAVE ANY OTHER WISH GRANTING ORGANIZATIONS GRANTED ANY WISHES/ITEMS IN ADDITION TO THE FIRST WISH?**

YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST ANY AND ALL ADDITIONAL WISHES/ITEMS RECEIVED BY THIS APPLICANT:

Name of Wish Granting Organization	
Date Wish Granted	
Wish Description	

**HAVE ANY OTHER WISH GRANTING ORGANIZATIONS BEEN CONTACTED FOR THE WISH BEING REQUESTED IN THIS APPLICATION?**

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE LIST THE NAME OF THE WISH GRANTING ORGANIZATION (S) YOU HAVE CONTACTED:

\_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_  
(Last) (First)

**HOW DID YOU LEARN ABOUT THE ELLE FOUNDATION INC: PLEASE BE SPECIFIC:**

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**CURRENT WISH INFORMATION**

**WISH BEING REQUESTED: (be specific)** \_\_\_\_\_

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**DATE OF WISH (Please indicate specific date desired):** \_\_\_\_\_

**NUMBER OF PEOPLE TO PARTICIPATE IN WISH:** \_\_\_\_\_  
(TRIPS ARE LIMITED TO IMMEDIATE FAMILY MEMBERS – PARENTS AND SIBLINGS\*\*)

**I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.**

**THIS DOCUMENT MUST BE SIGNED BY BOTH PARENTS AND/OR LEGAL GUARDIANS**

\_\_\_\_\_  
MOTHER'S SIGNATURE                      DATE

\_\_\_\_\_  
FATHER'S SIGNATURE                      DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO CHILD                      DATE

\*\*The Elle Foundation is currently unable to grant extensive travel wishes and travel outside of the United States, we are hoping that as our donations grow we will be able to grant more elaborate travel wishes. Please contact the ELLE FOUNDATION for more details.



