



## **Go B Go Foundation Grant Information and Eligibility**

Thank you for completing this application on behalf of a child with a neurological condition who could benefit from intensive pediatric therapies. Grant recipients will receive up to \$2,000 towards a future therapy intensive for which this application is submitted. **Please email your completed application to [team@gobgofoundation.com](mailto:team@gobgofoundation.com).** Please note that completing an application does not guarantee that a grant will be awarded. **The window to complete this application is June 28th-August 2nd. Applications submitted after August 2nd will not be considered.**

**Please attach the following information in the same email containing your application.**

1. You will need a letter of medical necessity from your child's therapist explaining how your child will benefit from an intensive therapy session.
2. A doctor's report that states a neurological-related diagnosis can be submitted. This can be a screenshot from your MyChart.
3. You must provide an invoice from the facility where you intend to send your child to complete the therapy intensive.
4. You may share your child's story by writing a letter, including any information about your child's diagnosis, family background, and reasons for wanting your child to participate in a therapy intensive. (OPTIONAL)

To determine eligibility, the child must meet the following criteria. Please check all that apply.

- ☐ The child must be under 18 years of age and an NC resident.
- ☐ The child must have a neurological-related condition that a medical professional has diagnosed



## Application

Who is filling this application out? Full name, please.	
Relationship to child	

### Child's Personal Information

Child's Name (First, Middle, Last):	
Address:	
City, State, Zip:	
DOB:	Male/Female:

### Parent/Guardian Information

Parent/Guardian Name:	
Address (If different from child):	
Please state your current job/position:	
City, State, Zip:	
Phone:	Email:
Parent/Guardian Name:	
Please state your current job/position:	
Address (If different from child):	



City, State, Zip:	
Phone:	Email:

### Child's Medical History

Child's Diagnosis:	
Age of Diagnosis:	
Areas of Delay:	
What therapy has your child participated in previous years and what therapy is your child currently participating in? Please also share the frequency of current therapies.	
Has your child completed an intensive therapy session before? If so, when?	

### Family Information

Household family size	
Number of siblings	
Age of siblings	

### Intensive Information

Where are you planning on sending your child for the therapy intensive? Please provide the name of the provider, address, and phone number.	
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Tentative dates for therapy intensive? Please include the month, days, and year.	
What is the total cost of desired intensive therapy?	

**Misc. Information**

Has your child ever received funding from another non-profit organization? If yes, please share which grant and what year.	
Do you have insurance? Yes or no.	
How did you learn about Go B Go Foundation?	