



Grant A Wish 2025 Wish Application

This wish application must be filled out completely and emailed to us. **Grant A Wish, Inc** is a not for profit, tax exempt, 501 (c)(3) organization that grants wishes to needy, disabled and abused children. **Grant A Wish, Inc** was founded in 1981, to help make a difference in the lives of children. We strive to make improvements by granting a child's wish. Christmas wishes are granted through our **Grant A Wish Annual Holiday Gift Program** and are for preselected agencies only. Wishes are granted on a one time basis, and is based on available funds, additionally wishes can not be granted until a period of one year has passed from the date of the last wish. Unless you are signed up with one of our other programs. We grant wishes for infants up to 16 years of age and up to the age of 21, if you severely physically or mentally challenged. **According to the webster dictionary what is a wish: A Wish is a longing or a desire for something.** Our desire is to help children smile, we want to help fulfill wishes that are reasonable and attainable. Any request can be made to our wish committee, who ultimately will decide which wishes will be granted. We appreciate every request for a wish and we will make every effort to grant your desired request. Many wishes are of a material nature and require financial expenditures on our part to grant the wish, provided that the financial resources are available.

Our Website: www.grantawishincchicago.org

Email: grantawish1136@gmail.com

(To request a wish you must have a needy, disabled or abused child.)

GRANT A WISH WISH APPLICATION (One application per child)

Date of application: ____/____/2025

Name of Applicant _____ **Address** _____ **City** _____ **State** _____

Zip Code _____ **Contact #**() _____ **Email Address:** _____ **@** _____

Age of Child ____ **Sex** ____ **What is your ethnicity?** _____ **What school are you currently enrolled or attend?** _____ **Grade** ____ **Guardian or Parent(s)**

Name _____

Does your family receive public assistance? Yes ____ No ____ **Do your parents Rent?** Yes ____ No ____

Do your family own your own home? Yes ____ No ____ **Is the applicant child: Needy** ____ **Disabled** ____ **or Abused** ____

If the applicant is disabled, what is the disability? _____

Describe your wish request? _____

How did you hear about our Wish Program? _____

Will you be able to pick up your wish, if granted? Yes ____ No ____

Why do you think you want Grant A Wish to grant this wish? (attach explanation, if needed) _____

Are you interested in receiving information from Grant A Wish, Inc by mail, fax or email? Yes ____ No ____

Are your guardians interested in volunteering for Grant A Wish, Inc? Yes ____ No ____

Additional information can be obtained on our website for the other programs that we offer. We are seeking financial donations to help us continue to grant wishes to more children. We all should do our part to help make this world a better world for the future of children.)

For Official Use:

Date Received ____/____/2025 **Wish Committee Review Date** ____/____/2025 **Wish Number 2025-** _____

Will Wish be granted? Yes ____ No ____ **If no what was the reason for the decline?** _____

Response letter sent? Yes ____ No ____ **Wish Availability Date** _____

GAW Wish Authorization by _____ **Title** _____ **Date Signed:** ____/____/2025