Grant A Wish 2026 Wish Application

This wish application must be filled out completely and mailed to our **Grant A Wish, Inc P.O. Box 17698 Chicago, Illinois 60617-0698**. **Grant A Wish, Inc** is a not for profit, tax exempt, 501(c) (3) organization that grants wishes to needy, disabled and abused children, since 1981. **Grant A Wish, Inc** was founded to help make a difference in the lives of economically disadvantaged children. We strive to make a difference by granting a child's wish. Wishes are granted on a one time basis and is based on availability of funds. Any additional wishes previously granted can not be granted until a period of one year has passed from the date of the last wish. Our goal is to grant wishes for infants up to 16 years of age and up to the age of 21, if you are physically or mentally challenged. **According to the Webster Dictionary, What is a wish: A wish is a longing or desire for something**. We work to improve our wish program, we want to help fulfill wishes that are reasonable and attainable. Your wish request can be made to **Grant A Wish Wish Program**, who will ultimately decide if the financial resources are available to grant the specific wish. Only one application per family can be submitted.

Mail Application:

Grant A Wish, Inc
P.O. Box 17698
Chicago, Illinois 60617-0698

GRANT A WISH WISH PROGRAM APPLICATION

Date of application:___/___/2026

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 Parents Name)_____

Does your family receive public Assistance Yes___No___ Does your family rent? Yes___No___

Does your family own your own home? Yes___No___ Is the applicant child:

Needy___Disabled___Abused___

If the applicant is disabled, what is the description of the disability?

_____

Describe your wish request or attach a letter?

_____

How did you hear about our wish program?_____

Depending on the wish, will you be able to pickup your wish, if granted? Yes___No___

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

_____
_____

For Official Use:

Date application received: ___/___/2026 Wish Number-2026-_____ Will wish be granted? Yes___No___, if not what was the reason for the decline?

_____

GAW Wish Authorization by_____Title_____Date:___/___/2026