



Frank Fierro | President  
682-559-9019

## Who we are:

The Hispanic Angels of Tarrant County is a non-profit 501 (c) (3).

The mission of the Hispanic Angels of Tarrant County is to assist critically ill children and their families with immediate financial need and alleviate the stress of financial obligation through fundraising.

## What we offer:

Immediate financial/monetary assistance that is made possible through donations, charitable contributions from community sponsorships and fundraising to children ages birth to 18 years of age.

## How we can help:

The organization can provide immediate financial assistance to the family to assist with medical financial obligations. **Monetary financial amount is at the discretion of the Hispanic Angels of Tarrant County.**

**Please fill out the application below.** All applications will be reviewed by the Members of Hispanic Angels of Tarrant County for approval.

# Application for Financial Assistance

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

Child's T-shirt size: \_\_\_\_\_

**Brief description of child's medical condition and how monetary donation will be utilized:**

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

**Where is child currently residing/housed/placed:**

\_\_\_\_\_

By filling out the application, I give my full consent to have my child's story shared on the Hispanic Angels of Tarrant County's social media platforms for awareness of the need of monetary donations.

Parent Signature on behalf of child \_\_\_\_\_

Date \_\_\_\_\_

**Submit Application to [hispanicangels@yahoo.com](mailto:hispanicangels@yahoo.com)**

**Hispanic Angels of Tarrant County use only:**

Date of Committee Review: \_\_\_\_\_

Date of Membership Approval/Denial: \_\_\_\_\_

Amount of Monetary Assistance: \_\_\_\_\_

Date Monetary donation given to family: \_\_\_\_\_