



Hispanic Angels of Tarrant County

Frank Fierro | President  
682-559-9019

## Who we are:

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

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:

We provide prompt financial assistance for children from birth to age 18, supported by donations, charitable contributions from community sponsors, and fundraising efforts.

## How We Can Assist:

The organization can offer prompt financial support to families facing medical expenses. The specific amount of monetary assistance is determined by the discretion of Hispanic Angels of Tarrant County.

**Please complete the application below and attach a pic of your child.** All submissions will be evaluated by the Members of Hispanic Angels of Tarrant County for consideration and 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:** \_\_\_\_\_ **Child's DOB** \_\_\_\_\_

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

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

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

\_\_\_\_\_

By completing this application, I hereby provide my consent for my child's story to be shared on the Hispanic Angels of Tarrant County's social media platforms to promote awareness regarding the need for financial contributions.

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: \_\_\_\_\_