



Application for Financial Assistance

The Lauren Fitzgerald Foundation Sunflower Fund provides financial assistance to families that are caring for seriously or terminally ill children under the age of 18, by providing subsidies to cover certain household expenses, such as housing costs (rent/mortgage) and utilities. Applicants need to complete and submit this application by July 31st, in order to be considered as a Sunflower Fund recipient. Generally, one family is selected each year for assistance. Applicants will be notified of their application status on or before September 30th. Completed applications should be emailed to laurensfoundation@gmail.com. Printed applications may be sent to Lauren's Foundation, PO Box 6041, Wyomissing, PA 19610.

Application to be completed by child's caretaker. Please fill out ALL information requested!

Date of Application: _____

FAMILY INFORMATION

Applicant Name: _____ Your Birthdate: _____

Child/Patient Name: _____ Child's Birthdate: _____

Your Relationship to Patient: _____ Your Marital Status: _____

If married or partnered, spouse/partner name: _____

Dependents (under age 18, living with you): Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Phone (hm): _____ Phone (work): _____ Phone (cell): _____

E-mail 1: _____ E-mail 2: _____

CHILD/PATIENT INFORMATION

Illness/Diagnosis: _____ Date Diagnosed: _____

Primary Doctor: _____ Phone: _____

Other Doctor/Surgeon: _____ Phone: _____

Treating Hospital: _____ Do you work with a Social Worker? _____

If "Yes," Provide Name: _____ Phone: _____

Treatment Information (briefly explain past/present treatment regimens and their duration):

EMPLOYMENT INFORMATION

Primary Employer: _____ Occupation: _____

Employer Address: _____

Length of Employment: _____ Monthly Income: _____ Annual Income: _____

Supervisor Name: _____ Supervisor Phone: _____

Secondary Employer: _____ Occupation: _____

Employer Address: _____

Length of Employment: _____ Monthly Income: _____ Annual Income: _____

Supervisor Name: _____ Supervisor Phone: _____

Spouse/Partner Employer: _____ Occupation: _____

Employer Address: _____

Length of Employment: _____ Monthly Income: _____ Annual Income: _____

Supervisor Name: _____ Supervisor Phone: _____

FINANCIAL INFORMATION - ASSETS

Savings Account(s) Balances: _____ Savings Account(s) Balances: _____

Stocks, Bonds, CD, Money Market Balances: _____ Other Acct. Balances: _____

If you own any of the following items, please list the type and approximate value:

Secondary/Vacation Home: _____ Rental Real Estate: _____

Automobile 1: Year: _____ Make: _____ Model: _____ Value: _____

Automobile 2: Year: _____ Make: _____ Model: _____ Value: _____

Boat/RV/Other: Year _____ Make: _____ Model: _____ Value: _____

Other Property/Income: Type: _____ Value: _____

Other Property/Income: Type: _____ Value: _____

FINANCIAL INFORMATION - MONTHLY EXPENSES

Description	Monthly Amount
Rent/Mortgage Payment	\$ _____
Utilities (gas, electric, water, trash)	\$ _____
Telephone (landline & cellular)	\$ _____
Cable/Satellite TV & Internet	\$ _____
Auto Payments	\$ _____
Auto Insurance	\$ _____
Home/Renter's/Life Insurance	\$ _____
Medical Insurance	\$ _____
Child Care Expenses	\$ _____
Food	\$ _____
Clothing	\$ _____
Credit Card 1	\$ _____
Credit Card 2	\$ _____
Other (specify): _____	\$ _____
Other (specify): _____	\$ _____
Other (specify): _____	\$ _____
Monthly Total:	\$ _____

OTHER

Is there a *Caring Bridge* page, website, blog or online journal for this child? _____

If "Yes" provide web address (URL): _____

PERSONAL REFERENCES

Provide two (2) non-family personal references and their contact information:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

BRIEF ESSAY

Explain why your family would be a good choice as a Sunflower Fund recipient. Include any special circumstances and information that you feel will help us with our decision.

I hereby certify that the information that I have furnished above is true and correct to the best of my knowledge. Should my circumstances change, I hereby agree that I will immediately notify *Lauren's Foundation* by email at laurensfoundation@gmail.com.

I understand that, by my entering my name below, I authorize *Lauren's Foundation* and/or its affiliates and designees to access records from various credit requesting bureaus and to contact medical personnel, personal references, employers and other parties to verify the information contained in this application.

Name: _____ Date: _____

E-Mail Completed Application to: laurensfoundation@gmail.com

Applications due by July 31st