



Child's Name (print): _____

Our mission at Sarah's Fight for Hope is to be able to provide support to as many families of children battling cancer as possible. Private donations fund our programs, allowing us to continue bringing smiles to kids with cancer.

You can help increase awareness of pediatric cancer and show our donors the impact of their contribution by submitting a picture of your child and a testimonial of how our gift has impacted your family.

Please consider submitting a headshot of your child with your application and a few words of appreciation that we can share with our donors who make our programs possible. *A picture is worth a thousand words.*

Social Worker's Handwritten Signature & Date

* I have reviewed and can validate the medical information provided in this grant request:

Social Worker's Name (print): _____

Social Worker's Signature: _____ **Date:** _____

Parent/Legal Guardian's Handwritten Signature & Date

* By signing this application, you are attesting to the accuracy of the information on all pages to the best of your knowledge. Fraudulent applications may result in your application being deemed ineligible for this program. Please be sure that the entire application is complete before submitting it. Incomplete applications will be returned to you.

*Applications are reviewed during our monthly Board Meetings (2nd Tuesdays of the Month). All financial applications will be reviewed on a case-by-case basis, and a final determination will be made based on other applications submitted and the availability of funds.

* By signing this application, you agree to allow publication of your child's name and medical condition by Sarah's Fight for Hope Foundation. By signing this, you also give your medical professionals and Sarah's Fight for Hope Foundation permission to share medical information about your child's case. Finally, by signing this, you consent to allow Sarah's Fight for HOPE Foundation to share your application with our Board and Advisory Committee members to review and consider your financial request for assistance.

Parent/Legal Guardian's Name (print): _____

Parent/Legal Guardian's Signature: _____ **Date:** _____