JULIA'S WINGS
HOPE FOR APLASTIC ANEMIA

Application for Need-Based Grant

"Be the change you wish to see in the world" -Gandhi

Eligibility:

- Applicants must be parents or legal guardians of a child who has been diagnosed with and is undergoing testing or treatment for **aplastic anemia**.
- Applicants must be facing a financial hardship as a result of travel, lodging, and other expenses associated with the child's medical condition that is not covered by insurance.
- All applications must be completed and submitted by a hospital social worker who knows the family and the need.
- Applications must be typed or very clearly printed.

Application instructions:

- All correspondence, follow up or discussion of the application will occur between the Social Worker handling the case as the single point of contact and Julia's Wings Foundation.
- Limit of $1000 per application and a total of $1000 per family / per month for 2 months per calendar year based on need.
- Email completed application juliaswings@gmail.com , or mail to Julia's Wings Foundation, PO Box 581, Sherman, CT 06784 or fax application to 860-354-9860.

Applicant's Information: (Please be sure to follow these instructions completely. Incomplete applications will not be processed)

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell: _____ E-mail: _____

Relationship to child: _____

Siblings: _____

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Child's Information:

Name: _____ DOB: _____

Year of Diagnosis: _____ Gender (circle one) F M

Medical Center: _____

Social Worker Contact: _____

Social Worker Email: _____

Social Worker Phone: _____

What is being Requested:_____

_____

_____

_____

Amount of request: _____

Need assistance with:

- ☐ Travel expenses
- ☐ Meal expenses
- ☐ Lodging expenses
- ☐ Co-pays
- ☐ Mortgage/rent payment
- ☐ Utility payment
- ☐ Other: _____

Additional Information: ***(Social Worker – please provide any additional information that will assist us in the decision making process relative to the family situation, current financial status, prognosis, etc.)***

Social Worker Signature: Date: _____

We would love to see who we are helping! Please submit a family photo with the names of everyone featured.