



Application for Assistance

The Lennon-Aid Foundation offers need based treatment grants for patients who have been affected by cancer or other debilitating diseases. Items covered by this grant may include (but are not limited to): Treatment, medical bills, medicine, transportation to and from treatment, housing and living expenses during treatment, and sibling care.

Name of Applicant: _____

Applicant's Date of Birth: _____

Applicant's Social Security Number: _____

Parent/Legal Guardian Name(s) and Social Security Number(s):

Mother: _____ SSN: _____

Father: _____ SSN: _____

Parent/Legal Guardian Address: _____

Parent Phone Number(s): _____

Parent E-Mail Address(s): _____

Insurance: Yes / No Insurance Provider: _____

Parents Employer(s): _____

Parents Combined Annual Income: _____

(Copy of last year's tax return required.)

Applicants Diagnosis: _____

A copy of a diagnosis/prognosis statement or a letter from applicant's doctor is required. The statement is required to be on the doctor's letterhead.

Applicants Current Treatment Plan:

Reference: Name: _____
Address: _____
Phone: _____
Relationship: _____

- Applicants Parents must include:
- Copy of last year's tax return
 - Required Doctor's Statement (Signed by Doctor)
 - Signed Terms & Conditions of Agreement

Return to: Lennon-Aid Foundation
1308 Common Street Suite 205
New Braunfels, TX 78130

Lennon-Aid Application for Assistance
Terms and Conditions of Agreement:

I, _____, agree to use these funds in accordance with the stated purpose of the Lennon-Aid Foundation Application for Assistance.

I understand that the Lennon-Aid Foundation is in no way responsible for any influence or consequence that may be associated with the recipient's treatment or care.

I understand that funding is contingent upon the merit of this application; no individual will be discriminated against based on race, religion, creed, nationality or gender.

Name: _____

Date: _____

Signature: _____

Please return the signed and completed Application for Assistance, including the "Terms and Conditions of Agreement" to:

marci@lennon-aid.org

or

Lennon-Aid Foundation
1308 Common Street Suite 205
New Braunfels, TX 78130