Caleb's Crusade is a foundation that provides funds to help children and families effected with Childhood Cancers cope with their everyday expenses incurred during relocation and treatment. We provides grants to minimize the financial hardship that is directly attributed to the child's illness. We ask that you fill out this required form in blue/black ink.

Childs Name_____D.O.B._____

Gender_____ Child's Website _____

Guardian Last Name _____ First Name _____

Address _____

City_____ State_____ Zip Code_____

Home Phone_____Cell Phone_____

Email_____Annual Gross Household Income $_____

Who were you referred by:_____

Explain why you need funds and your intention if you receive funds: _____

_____

_____

Have you applied for financial assistance from any other organization: Yes_____No_____
If yes please list organization below, and have you received your funds yet?

_____

By signing this application, you are agreeing to allow publication of your child's name, pictures and medical condition by Caleb's Crusade . Additionally, by signing this, you are giving your medical professionals and Caleb's Crusade permission to share medical information about your child's case. Finally, by signing this, you are consenting to allow Caleb's Crusade to share your application with other organizations in an effort to, potentially, gain additional funds for you.

Parent/Guardian Signature_____Date_____

One of the objectives of Caleb's Crusade is to financially assist oncology patients. Our Foundation provides grants to minimize the financial hardship that is directly attributed to the child's illness. Please fill in form in blue/black ink.

MEDICAL INFORMATION (to be completed by medical professional)

Patient's Diagnosis: _____

Date of Diagnosis:_____

Patient's Physician: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____Phone: _____

Please describe the child's medical condition and anticipated hospital stay/prognosis:

_____

_____

Name (please print)_____

Title _____

Email Address_____ Phone_____

Signature_____ Date_____

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Parent/Guardian Signature_____Date_____