



*Mission: Enhancing the lives of families of children with cancer by providing education and advocacy, emotional and practical support, and most of all.....HOPE*

## **Application for Financial Assistance**

Please email the completed application to: DC Candlelighters Childhood Cancer Foundation at [dccandlelighters@gmail.com](mailto:dccandlelighters@gmail.com)

Please note: Financial assistance is limited to \$500 per family, per calendar year provided funding is available.

Application Date \_\_\_\_\_

Treatment Facility:

- Children's National Medical Center
- Georgetown University Hospital
- Inova Fairfax Hospital
- National Institutes of Health
- Walter Reed National Military Medical Center

Patient Name (first, middle initial, last)

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Gender:

- Male
- Female

Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Parent/Guardian Name (first, middle initial, last)

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Permanent Address

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Phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Child's address (if different from parent)

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Mother/Guardian's Employer \_\_\_\_\_

Address and phone number \_\_\_\_\_

Father/Guardian's Employer \_\_\_\_\_

Address and phone number \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for request:

- Basic living expenses such as rent/mortgage, utilities, car repairs, etc.
- Travel costs related to treatment and doctor visits
- Medical/Pharmacy expenses
- Funeral expenses
- Other (please describe below)

Amount requested \$ \_\_\_\_\_

**Applications cannot be processed without a copy or photo(s) of bills for which you are requesting payment.**

**Consent to Release Information:**

I authorize the staff at \_\_\_\_\_ to release to DC Candlelighters Childhood Cancer Foundation any information regarding my child's cancer treatment and related expenses necessary to verify my application for financial assistance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor/Social Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed application with substantiating photos or receipts, to:

[dccandlelighters@gmail.com](mailto:dccandlelighters@gmail.com)