



Grant Application

Directions: To apply for a Jason's Friends Foundation Grant, please complete the following and submit to:

Jason's Friends Foundation Inc.
c/o Century 21 JRS Realty
138 Westfield Avenue
Clark, NJ 07066

Our mission is to raise funds to financially aid families' children with Pediatric cancer.

Who can apply? Any parent or guardian of a child with Pediatric cancer.

How do I apply? Complete the Jason's Friends Foundation Grant Application below along with supporting documentation and submit to the Foundation at the above address.

Child Information:

Name: _____ Child's Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian:

Are you (please check): Mother Father Legal Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Employment:

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone _____

Second Parent/Legal Guardian:

Are you (please check): Mother Father Legal Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Employment:

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone _____

Please provide a brief description of your child's medical condition:

Please provide a one page description letter from your primary doctor and specialist MD that clearly and specifically details your child's medical condition and treatment.

Name of your child's Health Benefit plan: _____

Please provide your monthly out-of-pocket expenses: _____

Please identify your amount of co-pay/deductible: _____

Would you be interested in sharing your family's personal story as a spokesperson for Jason's Friends Foundation?

Signature Parent/Legal Guardian

Signature 2nd Parent/Legal Guardian