



Trevor's Legacy Foundation
c/o Roxanne Vogelgesang
26532 Birdsong Lane
Wamblee, SD 57577

I am completing this application as a(n):

parent relative of the family friend of the family other _____

Name of child:

1. Personal Details: Please provide contact information of applicant.

First Name: Last Name:

Address:

City: State: Zip Code:

Home Telephone No. Other Contact No.

E-mail address:

2. Additional Information:

Number of people in the child's household: _____ Occupation of parent/guardian:

Does the family have transportation to Kadoka, SD? Yes/No _____

Does the family require any special accommodations while in Kadoka? Yes No

If yes, what accommodations? _____



Trevor's Legacy Foundation
est. 2015

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3. Tell us the child's story:

Please share the child's story with us. (Please attach additional information if provided space is not adequate.)

4. Tell us about the child:

What types of activities does the child enjoy? Favorite color, book, food, etc.?

5. Has the family received assistance already? If so, in what way(s)?



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6. In what way(s) can the foundation help the child?

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7. References: Please provide contact information for 3 personal references and 1 clinical reference.

Personal Reference 1

Personal Reference 2

<p>Name:</p> <p>Occupation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p> <p>What is your relationship to this person?</p>	<p>Name:</p> <p>Occupation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p> <p>What is your relationship to this person?</p>
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Personal Reference 3

Clinical Reference 1

<p>Name:</p> <p>Occupation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p> <p>What is your relationship to this person?</p>	<p>Name:</p> <p>Occupation:</p> <p>Address:</p> <p>Contact No:</p> <p>Email:</p>
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8. Submission Details:

- a. Please submit a photo of the child and/or of the family with the completed application.
- b. If your application is selected, a testimonial will be required as to how the recipient used the funds. The testimonial will be required within 6 months after the date of the presentation of funds.
- c. Please mail or email the completed application, any additional information, and the photo submission to:

Trevor's Legacy Foundation
c/o Roxanne Vogelgesang
26532 Birdsong Lane
Wamblee, SD 57577

trevorslegacy@goldenwest.net

I confirm that all the information given by me on this application is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading my application will no longer be considered for selection.

Applicant's
Signature:

Date:



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Photo Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Trevor's Legacy Foundation, to use image(s) and likeness(es) and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for education and awareness.

I am 18 years or older in age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Spouse's Signature: _____ Date: _____

Spouse's Printed Name: _____ Date: _____

Please complete the other side of this document.



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I hereby certify I am the parent or guardian of the following child/ren (named below) and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Printed Name: _____ Date: _____

Child's Name	Child/ren Age	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____