

PERSONAL INFORMATION

Child's Name _____

Date of Birth _____ Gender _____ Parent/Guardian Name _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Does child have Caring Bridge _____ Facebook _____ Blog _____ Website _____?

Address: _____

Child's Diagnosis _____

Date of Diagnosis _____ Child's Physician _____

Does child have a social worker? Yes _____ No _____

Social worker's Name _____

Social Worker's Email Address _____

MISC. INFORMATION

Have you received assistance from any other foundations in the last 6 months? _____yes _____no

(A yes answer does not prevent consideration)

If yes please provide Organization, amount and date received. _____

I give Maxton's Fight permission to use child's information such as name, age, diagnosis or social media site on their website, Facebook page or any marketing materials. _____yes _____no

(Response will not be taken in grant determination.)

Please be sure that the entire application is complete before submitting. Incomplete applications will not be accepted. Applications may be submitted online or mailed to the address below:

Maxton's Fight
821 SE 44th St. Topeka KS 66609

For questions or concerns please email info@maxtonsfight.org.