



www.champsagainstcancer.org

Champions Against Cancer Foundation  
P.O. Box 115  
Highland, Maryland 20777  
championsagainstcancer@gmail.com

## APPLICATION FOR FINANCIAL SUPPORT

*The Champions Against Cancer Foundation* is a Howard County-based charity that provides financial support to assist a child or children who have been affected by cancer. Qualified applicants are aged 21 or younger and have a parent or guardian currently or previously diagnosed with cancer who lives or works in Howard County. On this application, you may request UP TO a maximum of \$2,500 per family per year. Only ONE application is needed per family (and can include multiple children).

Please include **two nominations** for each child for whom you are seeking funds from the following: child's school, place of worship, place of employment, counselor/social worker, hospital representative, or other non-relative. The nominations should discuss how cancer has affected the child. **Note: if you are seeking funds for more than one child, there should be two nominations per child included with the application.**

**Please send this application and two nominations per child to the mailing address above. If you have any questions, please contact Amy at [championsagainstcancer@gmail.com](mailto:championsagainstcancer@gmail.com).**

### PERSONAL INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Parent/guardian's Telephone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Parent/guardian's Email Address: \_\_\_\_\_

**CHILD(REN)'S INFORMATION**

*First Child's Name for Whom You are Seeking Funds:* \_\_\_\_\_

*Child's Date of birth:* \_\_\_\_\_

*Current School:* \_\_\_\_\_

*Second Child's Name for Whom You are Seeking Funds:* \_\_\_\_\_

*Child's Date of birth:* \_\_\_\_\_

*Current School:* \_\_\_\_\_

*Third Child's Name for Whom You are Seeking Funds:* \_\_\_\_\_

*Child's Date of birth:* \_\_\_\_\_

*Current School:* \_\_\_\_\_

*Fourth Child's Name for Whom You are Seeking Funds:* \_\_\_\_\_

*Child's Date of birth:* \_\_\_\_\_

*Current School:* \_\_\_\_\_

**PARENT/GUARDIAN:**

*Amount of funding requested (please specify an amount UP TO a maximum of \$2,500 per family per year):* \_\_\_\_\_

*Description of support needed:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Payable to:* \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE REQUIRED:**

I certify that the above information is true and accurate to the best of my knowledge.

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_