



www.champsagainstcancer.org

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

APPLICATION FOR FINANCIAL SUPPORT

Champions Against Cancer is a Howard County-based foundation that provides financial support to children who have a parent/full-time guardian who has or had cancer. Qualified applicants are age 21 or younger and have a parent/full-time guardian who has or had cancer and who lives or works in Howard County. Each family may request UP TO a maximum of \$2,500 per family per year.

Please include **two nominations** from the following: place of worship, place of employment, counselor/social worker, hospital representative, child(ren)'s school, or other non-relative. Each nomination should discuss how cancer has affected the child(ren).

Please send this application and the two nominations to the mailing address or email address above. Please contact Amy at championsagainstcancer@gmail.com with any questions.

PERSONAL INFORMATION

Parent/Guardian Name: _____

Home Address: _____

Employer in Howard County

(if not a resident of Howard County): _____

Employer's 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 \$2,500 per family per year):

Description of support needed: _____

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: _____