

HELPING LOCAL CHILDREN FIGHTING CANCER

FAMILY APPLICATION FORM: DUE MARCH 1

SUBMIT APPLICATION TO: Attn: Patrick Polidori
City of McHenry, 333 S. Green Street, McHenry, IL 60050
Email: ppolidori@ci.mchenry.il.us

PURPOSE: The purpose of this program is to work with local school districts to raise money and allocate funds to assist local children and their families who are fighting cancer and incurring financial hardship. Children should be within School District 156, 15 and 36 boundaries. Please supply the following information and submit.

NOTE: This program is separate from, but in conjunction with, the McHenry St. Baldrick's event.

CHILD INFORMATION:

Child's Name: _____ Birth Date: _____
School: _____
Parent Names: _____
Family Address: _____ City: _____ Zip: _____
Primary Contact/Phone Number: _____

ILLNESS INFORMATION:

Type of Cancer (Disease Name): _____
Date of Diagnosis: _____ Is Cancer in Remission? ☐ Yes ☐ No

Please describe the current state of illness/treatment: _____

Approximate out of pocket costs per month related to illness (treatment, medicine, doctor visits, etc.):

Please provide information on the current state of financial hardship for the family. This can include other costs including travel, lodging, etc. related to fighting the illness, or other needs of the family that are lacking due to financial costs of the illness: _____

