

# HELPING LOCAL CHILDREN FIGHTING CANCER

## FAMILY APPLICATION FORM: DUE APRIL 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_