

Jennifer A Cutler Foundation

Application

The mission of the Jennifer A Cutler Foundation ("the Foundation") is to provide an opportunity for a parent receiving cancer treatment ("the Applicant") and his or her immediate family to travel to Walt Disney World, in Orlando, Florida. ("the Opportunity". To be eligible for this Opportunity, the within application must be completed by the Applicant and the Applicant's spouse, partner, or another accompanying adult, and the illness must be documented and affirmed by a treating physician.

Name _____	Date of Birth _____
Home Address _____	
Street/PO Box _____	Marital Status _____
City _____	
Post Code _____	Email Address _____
Home Phone _____	Cell Phone _____

How did you hear about the Jennifer A Cutler Foundation?

Have you applied to other charities and/or received charitable assistance during your illness? If yes, please describe

Yes _____ No _____

Spouse's or partner's name and date of birth: _____

Child's name and date of birth (1): _____

Child's name and date of birth (2): _____

Child's name and date of birth (3): _____

Child's name and date of birth (4): _____

Are there any custody agreements, orders, or ongoing custody disputes relating to your child(ren)? If so, please describe.

Yes _____ No _____

Does your child or do any of your children have any special needs, allergies, or other conditions which may affect their

ability to travel? If so, please describe.

Yes _____

No _____

MCP Number: _____

Family doctor: _____

Family doctor's clinic name and address:

Oncologist: _____

Diagnosis: _____

Date of diagnosis: _____

Any mobility difficulties? _____

Any communication difficulties? _____

Any breathing difficulties? _____

Any dietary requirements? _____

Any requirements related to eliminations? _____

Any other relevant health information? _____

Occupation: _____

If unemployed, what was your previous occupation? _____

Spouse or partner's occupation: _____

If your spouse or partner is currently unemployed, what was his or her previous occupation? _____

What was your average household income for the past 3 years: _____

Will you permit the Foundation to use your name and image for future promotional material? Please note your answer will not affect your eligibility for the Opportunity.

Yes _____ No _____

Will you permit the Foundation to use your child(ren)'s name(s) and image(s) for future promotional material? Please note your answer to this question will not affect your eligibility for the Opportunity.

Yes _____ No _____

Should you be selected for the Opportunity, may a representative of the Foundation approach you at the Health Sciences chemotherapy treatment clinic to inform you of your selection? Please note your answer to this question will not affect your eligibility for the Opportunity.

Yes _____ No _____

Please confirm that we may contact your family doctor or oncologist with respect to your condition.

Yes _____ No _____

Please confirm that you have read and that you agree to our Terms and Conditions.

Yes _____ No _____

If you are unsure if you are eligible for the Opportunity or would like to discuss your application, please contact the Jennifer A. Cutler Foundation at (709) 725-0063 or email jenniferacfoundation@gmail.com.