

# 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?

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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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 \_\_\_\_\_

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Does your child or do any of your children have any special needs, allergies, or othe conditions which may affect their ability to travel? If so, please describe.

Yes \_\_\_\_\_ No \_\_\_\_\_

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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: \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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 \_\_\_\_\_

I understand that the value of this opportunity, Walt Disney World All Inclusive Vacation, will be limited to the value of \$13,000.

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](mailto:jenniferacfoundation@gmail.com).