LARSON'S CAUSE FOUNDATION
Medically Ill Children's Relief Fund
Application Cover Sheet

Name of Applicant: _____ Applicants Spouse: _____
(Including prefix: Dr., Mr., Mrs., Ms.,)

Name of Child: _____

Applicant's Home Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____
(Including area code)

Contact E-mail Address: _____ Cell Phone: _____
(Including area code)

Narrative: Please provide a detailed description, of why the child named above is in need of assistance. Please do not attach more than one page per application.

Agreement Notice: I/We agree that if selected to receive relief funds from the Larson's Cause Foundation, will provided timely updates as to the progress being made by the child in the form of a message board that can be displayed at future foundation events. In addition, we agree to allow our child's story and likeness to be used in future literature promoting the Larson's Cause Foundation.

Parent/ Guardian Signature: _____ Date: _____