

The Jack Davis Hope Foundation Application For Assistance

Our Purpose: "To give practical and financial support to families with medical issues."

Criteria For Assistance:

1. You have a child with a medical condition.
2. You are facing financial constraints which inhibit you to purchase specific equipment, procedures or inhibit daily care of your child.
3. Proof of income for requests over **\$500**.
4. Application signed by parents.
5. Proof of citizenship or landed immigrant status.
6. Proof of diagnosis and signed by doctor.

Application Process:

1. Applications will be considered and reviewed by the board case by case basis.
2. Applications will be considered based on multiple variables including but not limited to, impact of help upon applicant, financial need, and urgency of need.

First name of child in need: _____

Last name: _____

Birth Date: ____/____/____

Names of Parents (Guardian's):

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____ Is a
Canadian Citizen? Is not a Canadian Citizen?

*it is the policy of The Jack Davis Hope Foundation to not give money to recipients. Donations will be made directly to manufacturers, treatment facilities, hotels etc.

Are you contributing any of your own funds? Yes ____ No ____

If so, how much? \$ _____

Are you receiving any funding by other foundations, charities, private donors or government agencies? If so, please list the agency, contact information and donation received.

Donation Received \$ _____

Donation Received \$ _____

Donation Received \$ _____

Family Economic Situation: (If your request is over \$500 - Please provide back page of each parent or guardian's tax return for both parents).

I certify that the above information is accurate. I also understand that this information and the documents included are to be used by The Jack Davis Hope Foundation for the sole purpose of assisting me financially. I understand that my application will be transmitted electronically via email to The Jack Davis Hope Foundations Board of Directors for the application process.

Signature of parents/gaurdian: Dated: _____

Optional:

I hereby give The Jack Davis Hope Foundation permission to use my child's image (which I will provide) for promotion of the foundation via social media, website and or for fundraising initiatives.

Parent or Guardian: _____

Signature: _____

Signed this date: _____