



Financial Support Application **Review Process: Level 1**

Patient information

Patients name:	Gender:
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Age:	Date of diagnosis:	Stage/ Condition:
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Parent/ Guardian name/s:

Address:	Telephone:
	email:

Tell us about your family: Where you live, siblings, pets, activities, etc.

Tell us about your child:

Hobbies, activities, favourite things, friends, etc.

Tell us about their current medical condition:

How was it diagnosed, treatments, therapies etc.

Tell us about your child's prognosis:

Likely progression, outcome/s, scenarios, etc.

Medical reference:

Current or most recent treatment program, etc.

Attending specialist (name, title, institution, etc.)

Contact details (email, telephone, etc.)

Declaration:

By signing this document, you agree that all statements and comments are true. The Wilms Cancer Foundation (WCF) reserves the right to withdraw an offer or demand the return of any and all financial support. You hereby authorize WCF to conduct any verification necessary to validate any and all statements made in this application. You authorize WCF to retain ownership of any and all materials (including intellectual property) related to any financial support offered/ provided and for the WCF to use this information and materials in relation to operational matters. You further agree to keep all information regarding any financial support private and confidential unless explicitly agreed to in writing by the WCF.

Signed

Date

Send your completed application form to:

email: info@wilmsfoundation.org

Mailing Address: Wilms Cancer Foundation, Suite 2147, 712 H Street NE, Washington DC, United States, 20002.

Note: The WCF does not consider 'specific request amounts' and apportions financial support based on its own internal resource levels as funds may be limited from time to time. All requests are reviewed on a 'cases by case' basis' and application is not a guarantee of support.

All requests are reviewed and information held in the strictest confidence.

www.WilmsFoundation.org

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