



Hardship Assistance Application
6093 Andhurst Dr., Gulf Shores, AL 36542
www.jensensheartofgold.com

To be considered the patient must have been actively in treatment within the past 18 months and family must demonstrate financial hardship as a result of the patient's diagnosis and treatment.

Patient Name: _____ **DOB:** _____

Mother: _____ **Father:** _____
(Or Legal Guardians)

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Email:** _____

Phone: _____ **Cell:** _____

Diagnosis: _____ **Date of Diagnosis:** _____ **Age:** _____

Stage and Category of Disease: _____

Physician Name, and Phone Number: _____

Are you currently traveling out of your local area for treatment?: _____

Please tell us a little about your child: _____

Please provide us with the following:

- 1) A signed letter from the child's primary care physician stating the current nature of the child's illness and prognosis.
- 2) A photo of your child is optional but not required. Photos would be used for promotional purposes only in the event your child is sponsored by the organization.

I give permission for Jensen's Heart of Gold Foundation to use the name of my child and/or my family as a grant recipient in promotional materials. Any photographs submitted may be used as well.

I hereby acknowledge that a completed hardship assistance application does not guarantee funding, and that grant awards will be based not only on the demonstrated financial need of the applicant but also on the availability of funds.

I certify that the statements contained herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept a grant award.

Signature: _____

Date: _____

Relation to Patient: _____

"Jensen's Heart of Gold Foundation grants funds without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, or national origin."

Please scan and email completed Hardship Assistance Applications to:

president@Jensensheartofgold.com

OR Mail Completed form to:

**Jensen's Heart of Gold Foundation
Attn: Melissa Byrd
6093 Andhurst Dr
Gulf Shores, AL 36542**