



Website: www.12oaks.foundation.org

Email: info@12oaksfoundation.org

960 Harris Road, Suite 2B, Grayslake, IL 60030
Phone: 847-231-0992 Fax: 847-231-0991

12 Oaks Foundation provides grants to help defray the costs of sports and extracurricular activities for children in families suffering financial hardship related to ongoing cancer treatment.

When a family member is fighting cancer, the whole family suffers. Emotional and financial resources become depleted at an alarming rate. For a sibling or a child of a cancer patient, life is turned upside down. Often these children feel lost as their need for outside activities goes unanswered. Yet those same activities help these children deal with their pain.

Our goal is to ensure that these children and their families maintain a strong connection to their communities through continued participation in sports or extra-curricular activities during this difficult time.

Parent's Name:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: Home _____ Work _____

Cell _____ Email Address: _____

Annual household income: _____

How did you hear about us? _____

Patient's Name:

Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female Grade (if applicable): _____

How is patient related to the child for whom grant is requested? _____

CONSENT TO EXCHANGE INFORMATION

I understand that additional information may be required to properly verify grant eligibility. By signing this form, I am permitting 12 Oaks Foundation to contact the above individual using the information provided on the form. I attest that I have filled out this form completely and accurately to the best of my knowledge. I assert that receipt of a grant will aid in easing financial difficulties which would otherwise exist if expenses related to my child's activity were paid out of family funds. 12 Oaks relies on donations and sharing our family stories helps connect people to our mission. While maintaining privacy and using first names only, you are giving permission to share your family story and photo's and/or videos.

Printed Name of Parent/Guardian

Signature

Date: _____



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**Please Note: This section to be completed by patient's doctor, social worker or child life specialist.
All signatures must be original.**

The patient needs to be currently in treatment in order for the family to be considered for a grant.

Patient's Name _____

Patient Diagnosis _____ Date of Diagnosis _____

In Treatment: _____ Yes _____ No Last day of Treatment: _____

If the patient is currently in treatment, are they physically and healthy enough to participate in their sport
ore extracurricular activity? _____ Yes _____ No

Provider Name: _____ Hospital/Clinic: _____

Physician/Social Worker/ Child Life Specialist Signature: _____

Date: _____



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The application must be accompanied by a copy of a brochure, flyer, website page, or letter from the individual/organization providing the activity or lessons. Please circle or highlight the fee for which the grant is necessary. If you have not paid the fees for your child's activities we will pay the fees directly to the organization. If you have already paid for your child's activity, please provide a receipt for reimbursement up to \$500. In order for us to touch as many lives as possible, we cap financial support at \$500 per child and \$2000 per family annually.

Please use a separate form for each child in the family requesting program support. Children need to be between the ages of 8-18 to be considered for a grant. All grants are subject to availability of funds.

Applicant's Information:

Name: _____ Date of Birth: _____ Grade: _____

Age: _____ Gender: M / F Race: _____

How is the patient related to the child for whom the grant is requested? _____

Grant Request Amount: _____ Extracurricular Activity: _____

Organization/Individual Name: _____

Contact name at organization: _____

Contact email and phone number: _____

How many years has your child participated in this activity? _____

Make check payable to (if different from above): _____

Mailing Address of organization receiving: _____

Organization website and phone number: _____



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Please answer the following questions:

1. What does this activity mean to your child and importance of continuing?
2. How has cancer treatment affected your family finances?
3. How will you keep your child in the activity if this grant does not fully cover the costs?

Optional: Please note that answering these questions does not affect your eligibility for assistance from 12 Oaks Foundation. These questions are asked to gather statistical information only for grant purposes.

Primary Language: _____

Race:

- Caucasian
- Asian
- Hispanic
- African American
- American Indian
- Other _____
- Marital Status: ____ Married ____ Single Parent