

JOSH FARLER FOUNDATION

www.joshfarler.org

JOSH FARLER FOUNDATION CANCER BENEFIT APPLICATION

- REQUIRED INFORMATION

*APPLICANT NAME:		
*STREET ADDRESS:		
*CITY:	*STATE:	*ZIP CODE:
*HOME NUMBER:	CELL NUMBER:	
*PARENT/LEGAL GUARDIAN NAME:		
*ARE YOU A STUDENT:	GRADE:	AGE:
*DIAGNOSIS:		
*TREATMENT (TYPE):		
*ADDRESS/DESTINATION FOR TREATMENTS?		
*HOW OFTEN TRAVELED TO ABOVE LOCATION?		
*ESTIMATED DURATION TRAVEL WILL BE REQUIRED? Include total past/future		
*IF OUT OF TOWN, IS OVERNIGHT STAY REQUIRED?		
*ARE YOU INSURED? PLEASE ESTIMATE YOUR OUT OF POCKET PAYMENTS MONTHLY?		

*Please tell us about yourself, your story, your family, why you are applying as a recipient of the Josh Farler Foundation, what will being an awarded recipient do for you? (Attach addition page if needed)

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If you choose you may submit a picture and any additional information you would like.

* Required A) an appointment card or doctors statement verifying the location/frequency of treatments B) proof of address applicants address

Mail your application to:
Attn: Judy Simmons
c/o Josh Farler Foundation
4817 Margalo Ave
Bakersfield CA 93313
(661) 834-1956

Return via email to:
judy.simmons@joshfarler.org

PLEASE KNOW YOU AND YOUR FAMILY WILL BE IN OUR PRAYERS & WE
WILL BE IN CONTACT SOON!!