JOSH FARLER FOUNDATION
www.joshfarler.org

JOSH FARLER FOUNDATION CANCER BENEFIT APPLICATION

* REQUIRED INFORMATION

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| --- |
| \*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)



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](https://wcc.godaddy.com/email?cmd=planlistemail&locale=en-US)

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