



The Mya Lin Terry Foundation

1637 Finderne Street
Oakhurst, NJ 07755
732-861-9236



GRANT APPLICATION

If you are a current or recent resident of New Jersey, diagnosed with pediatric cancer within the past 24 months, please send completed grant application via email to kellylynnterry@msn.com. Note: All information submitted is deemed strictly confidential but subject to release in limited capacity if grant is approved and in accordance with signed consent.

PROCESSING:

- Application must be completed in total including all supporting documents as identified on page 4.
- Please allow 3-4 weeks for receipt, review, and processing. If approved, payment shall follow shortly thereafter.
- Please make sure the consent form is reviewed and signed. No processing can occur until then.
- If you are requesting assistance for a specific bill, then the invoice must be included, or the application will be denied.
- We would additional like to request a photo of your warrior. Submission has no bearing on review.

Date: _____

PLEASE CHECK ONE: INITIAL APPLICATION: SUPPLEMENTAL APPLICATION:

PATIENT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Website/CaringBridge/Facebook/GoFundMeSite: _____

DOB: _____ Male/Female (please circle one)

SIBLING(S) and AGES: _____

SPECIAL INTERESTS OF CHILD: _____



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PARENT(S) INFORMATION:

Mother's First Name: _____ Mother's Last Name: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's First Name: _____ Father's Last Name: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

MEDICAL INFORMATION:

Diagnosis: _____ Date of Diagnosis: _____

Currently Undergoing Active Treatment: Yes/No (please circle one)

Date of Last Active Treatment: _____

Doctor Name: _____ Primary Hospital: _____

Alternate Hospital: _____

Any additional information you would like to provide: _____

Contact Information of medical/health care provider or social worker:

Name: _____ Hospital/Facility: _____

Phone Number: _____ Email: _____



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CURRENT ISSUES RESULTING IN NEED:

To help understand the big picture, please give a detailed description of daily situation, i.e. job/work, children, living circumstances, family situation, insurance, etc.): _____

AREA(S) IN WHICH HELP IS NEEDED MOST

Please include financial amounts being as specific as possible with prioritization of your needs such as transportation, prescription/medical, utilities, rent, child care, food, etc. If a bill needs to be paid directly, please include a copy of the invoice.

ASSISTANCE REQUESTED <i>(e.g. electric bill, rent, family trip – please prioritize your list)</i>	COST <i>(e.g. \$150.00)</i>	PAYEE/VENDOR <i>(e.g. JCP&L)</i>	INVOICE INCLUDED <i>(yes/no)</i>

Please disclose any other resources or assistance applied for/received/or receiving:

Organization Name: _____ Date(s) Received: _____

Contact Name Phone Number: _____ Email: _____

Organization Name: _____ Date(s) Received: _____

Contact Name Phone Number: _____ Email: _____

NOTE: The Mya Lin Terry Foundation publishes a yearbook of our warriors and angels. We would like to include your child. This is not a mandatory part of the application. If you would allow us to include your child, please send a digital photo of your child, at time of application.



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ACKNOWLEDGEMENT

In the event that I _____ (parent name), parent of _____ (patient name), residing at _____ (address) am awarded a grant from TMLTF, I certify, promise, and affirm that the information is true to the best of my knowledge, AND I will utilize such grant for the specified intended purposes provided in the grant application and for no other purpose. I understand that this promise is a material condition of being awarded a grant by TMLTF.

We hereby consent to the sharing of my info with TMLTF Sister Charities: Yes _____ No _____ (initial)

Signature: _____ Date: _____

Signed by (please print) _____

This Grant Application must be filled out completely, signed, and dated. Did you remember to include: signed and dated Grant Application; signed and dated doctor's note with diagnosis; invoices and the signed, Photo and dated Consent Form?

FOR OFFICIAL AND INTERNAL PROCESSING ONLY, APPLICANTS ARE NOT TO ANNOTATE:

Signed and dated Grant Application	_____ (Date Received)
Signed and dated doctor's note, w/diagnosis	_____ (Date Received)
Invoices	_____ (Date Received)
Signed and dated Consent Form	_____ (Date Received)
Photo of Warrior	_____ (Date Received)
Received By: _____	(signed)
Received By: _____	(printed Trustee Name)