

# BATTLIN' BBQ CHILD ASSISTANCE APPLICATION



Battlin' BBQ is a non-profit organization providing relief for families whose children are battling cancer. There are aspects of life that we'll never fully understand, and children getting cancer is highest among them. Cancer is a debilitating and devastating disease even for adults but when it attacks children, the impact is shattering. Cancer diagnosis can financially devastate a family almost immediately. While insurance often covers at least a portion of medical expenses, it is the other, day-to-day family needs that are often left unaddressed. Through our annual fundraisers we are able to provide relief for these families.

If you would like your child to be considered as a sponsor for our events, please complete this application and return to [battlinbbq@yahoo.com](mailto:battlinbbq@yahoo.com). We consider all aspects of a family's needs and child's condition in order to qualify for sponsoring. Only completed applications will be considered.

## ELIGIBILITY REQUIREMENTS

- Your child must be diagnosed with cancer and receiving treatment.
- Your child must be diagnosed on or before his/her 18<sup>th</sup> birthday
- Your child must be a citizen of the United States and a Texas resident in the counties of Aransas, Nueces or San Patricio.

## ANTI-DISCRIMINATION POLICY

You and your child will not be discriminated against or denied assistance because of your race, religion, color, national origin, gender or political affiliation. All applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, Battlin' BBQ guidelines and the availability of funds.

Child's Name (First, Middle, Last): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status of Parents/Guardians:  Single  Married  Divorced  Widowed  Separated

Who has custodial guardianship of child? \_\_\_\_\_

Family household size: \_\_\_\_\_ Total family annual income: \_\_\_\_\_

Guardians Employer: \_\_\_\_\_ On Unpaid Leave? \_\_\_\_\_

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Please list any other forms of fundraising or assistance receiving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital(s) attending for treatment (include city): \_\_\_\_\_

\_\_\_\_\_

Please provide any other information that you feel is necessary for us to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By submitting this application, you are authorizing Battlin' BBQ to release information regarding your child's condition(s), photo(s) and story as deemed necessary to inform the public of your need to better assist you. As always, we will respect your privacy and request permission before doing so.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

Relationship to Child: \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_



Battlin' BBQ

BattlinBBQ.com

[battlinbbq@yahoo.com](mailto:battlinbbq@yahoo.com)

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