



# One Child Too Many, A Brendan Kizer Foundation

Our organization's objective is to help financially assist families with children from ages birth to 18 years old that have cancer. Our foundation will help provide grants to help pay for living expenses, travel, lodging, or any other way we can help. We would like to help you be able to spend quality time with your brave boy or girl. As much as we would like to help everyone, at this time our resources are limited to children in the state of Pennsylvania that are in Chop and Geisinger in Wilks Barre or Danville.

## APPLICATION FOR FINANCIAL ASSISTANCE

### To be completed by child's parent/legal guardian:

Child's Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Requested Grant Amount: \_\_\_\_\_

How do you intend to use requested grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* By signing this application, you are agreeing to allow publication of your child's name and medical condition by One Child Too Many, A Brendan Kizer Foundation. Additionally, by signing this, you are giving your medical professionals and the One Child Too Many A Brendan Kizer Foundation permission to share medical information about your child's case. Finally, by signing this, you are consenting to allow the One Child Too Many A Brendan Kizer Foundation to share your application with other organizations in an effort to, potentially, gain additional funds for you.

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

One Child Too Many A Brendan Kizer Foundation  
24 Roeder Lane - Box 11, Honesdale, PA 18431  
www.onechildtoomany.org  
**onechildtoomany.org@gmail.com**  
570 - 614 - 3737

**MEDICAL INFORMATION**

**To be completed by a medical professional:**

Child's Diagnosis:

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Child's Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date