

530 Montour Blvd, Suite B
Bloomsburg, PA 17815



(570) 437 -0341
www.thinkbigpa.org

APPLICATION FOR FINANCIAL ASSISTANCE

CHILD'S NAME: _____ DOB: _____

PARENT/LEGAL GUARDIAN NAMES: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

ANNUAL HOUSEHOLD INCOME: _____ FAMILY SIZE (INCLUDING PATIENT): _____

DATE OF INITIAL DIAGNOSIS: _____ DIAGNOSIS: _____

WHEN WAS THE LAST TIME YOUR CHILD WAS HOSPITALIZED: _____

IF HOSPITALIZED WITHIN THE LAST 3 MONTHS, PLEASE EXPLAIN REASON FOR MOST RECENT HOSPITALIZATION
(WAS IT FOR PLANNED CHEMO/RADIATION, COMPLICATIONS RELATED TO TREATMENT, ETC): _____

IS YOUR CHILD STILL RECEIVING CHEMO/RADIATION/OTHER THERAPIES FOR THEIR DIAGNOSIS: YES OR NO

IF NO, DATE OF LAST CHEMO/RADIATION: _____

IF YES, PLEASE EXPLAIN CURRENT TREATMENT COURSE (ORAL CHEMO, MONTHLY INFUSIONS, ETC...):

HAS YOUR CHILD HAD ANY RECENT SURGERIES RELATED TO THEIR DIAGNOSIS: YES OR NO

IF YES, PLEASE LIST DATE AND TYPE OF SURGERY: _____

HOW OFTEN DOES YOUR CHILD HAVE FOLLOW UP APPOINTMENTS/SCANS RELATED TO THEIR DIAGNOSIS:

HOSPITAL WHERE RECEIVING TREATMENT: _____

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INTENDED USE OF FUNDS (COPIES OF BILLS MUST BE INCLUDED)

ThinkBIG encourages families to submit monthly bills such as mortgage/rent payment, car payments, and utility bills. Requests cannot be approved without submitting a current copy of the bill to be paid and account information must accompany the bill in order to be processed correctly.

Bill #1

Make Check Payable To:

Amount: _____

Send Payment To:

Bill #2

Make Check Payable To:

Amount: _____

Send Payment To:

Bill #3

Make Check Payable To:

Amount: _____

Send Payment To:

Bill #4

Make Check Payable To:

Amount: _____

Send Payment To:

Bill #5

Make Check Payable To:

Amount: _____

Send Payment To:

Bill #6

Make Check Payable To:

Amount: _____

Send Payment To:

TOTAL AMOUNT REQUESTED: _____

By signing this application, you are giving permission to your medical professionals and their constituents to share your child's medical and social condition to the ThinkBIG Pediatric Cancer Fund and ThinkBIG Board of Directors.

Submitting an application does not guarantee funding.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

SOCIAL WORK SIGNATURE _____

DATE _____