



# The Maddox Potter Foundation

<https://maddoxpotter.org>

## Application for Financial Assistance

The Maddox Potter Foundation understands the emotional and financial burden that a childhood cancer diagnosis has on families. Due to the generous donations we have received, we are able to offer monetary support during your child's treatment.

Please email the completed application to [jennifer@maddoxpotter.org](mailto:jennifer@maddoxpotter.org)

### Eligibility Check List

- ☐ Patient must be 21 years of age or younger
- ☐ Currently in active cancer treatment due to initial diagnosis or relapse
- ☐ One application per patient/family per year

### Patient Information

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Method of Contact (circle one):      Email      Phone

Diagnosis/Type and Stage of Cancer: \_\_\_\_\_

\_\_\_\_\_

Date of Diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Oncologist Name: \_\_\_\_\_

Oncologist Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Worker Name: \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Parent/Guardian if under 18): \_\_\_\_\_

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

By signing this application, I certify that all information above is correct. I grant permission for The Maddox Potter Foundation to discuss medical information with the Oncologist/Nurse/Social Worker and Parent/Guardian if necessary.