



APPLICATION FOR FINANCIAL ASSISTANCE

ELIGIBILITY

Any family with a child diagnosed with DMG/DIPG or any other fatal brain cancer prior to the child's 18th birthday is eligible for consideration. Child may be newly diagnosed, under treatment or in progression. Applicant and child must reside in the United States. Assistance may only be requested once during any 12-month period.

INSTRUCTIONS

Please print and complete this application. You must include the following documents with your application:

- Copy of Child's birth certificate
- Letter from Physician with child's full name, diagnosis, and confirmation that child is currently under their care
- Copy of bills or current/future itemized expenses that you are requesting assistance with

Completed applications and supporting documents may be e-mailed to info@ytfoundation.org or mailed to Yuvaan Tiwari Foundation, PO Box 570753, Atlanta, GA 30357.

Submission of an application is not a guarantee of receiving assistance. Funds are limited, based on availability, and will be capped at \$5,000 per family. Once your application is approved, we will notify you via email.

APPLICANT INFORMATION

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____

Email Address: _____

Do you use Facebook, have a web page, or some other form of social media where we can follow your child's battle? Yes No

If yes, please provide URL: _____

PATIENT INFORMATION

Child's Name: _____

Child's Date of Birth: _____

Diagnosis: _____

Date of Diagnosis: _____

Current Treatment Plan: _____



PHYSICIAN INFORMATION

Name: _____

Email: _____

Hospital: _____

SOCIAL WORKER INFORMATION

Name: _____

Email: _____

MEDIA RELEASE (please check one box only)

I authorize do not authorize the Yuvaan Tiwari Foundation to use my child's name, diagnosis, photographs, video recordings, my name and my child's story to inform its supporters, the media and the general public about the Yuvaan Tiwari Foundation and its programs, events, fundraising and services. These materials may be used in but not limited to promotional materials, social media posts, newsletters/emails, and the organizations web site. If permission is granted above, I, for myself and my child, release all claims against the Yuvaan Tiwari Foundation and its representatives with respect to copyright ownership and publication, including any claim for compensation related to use of these materials.

SIGNATURE

My signature below indicates that I am the parent/legal guardian of the child listed in this application and that the information in this application is true and accurate to the best of my knowledge. I acknowledge that the Yuvaan Tiwari Foundation will pursue and is entitled to restitution for any and all financial assistance released to me from the Yuvaan Tiwari Foundation if it is determined that this application contains false information.

Signature of Applicant: _____

Name of Applicant: _____ Date _____