## **Application for Need-Based Grant**

## Eligibility:

- Applicants must be parents, social worker, or legal guardians of a child/adult who has been diagnosed with and is undergoing testing or treatment for *Aplastic Anemia*.
- If Applicants are facing a financial hardship as a result of travel, lodging, and other expenses associated with the child's/adult's medical condition that is not covered by insurance.
- All applications must be completed and submitted by a hospital social worker who knows the family and the need.
- Please clearly print or type applications.

## Application instructions:

- All correspondence, follow up or discussion of the application will occur between the Social
  Worker handling the case as the single point of contact and Daquan Q. Johnson Aplastic Anemia
  Foundation.
- A total of \$1000 per family / per year.
- Once completed please email completed application to dqjaplasticanemia@gmail.com, or mail to Daquan Q. Johnson Aplastic Anemia Foundation, PO Box 11850, Pensacola, FL 32524.

Please be sure to follow these instructions completely.

Name:		A Curing Spirit Is Life Changing	
City:	State:	Zip Code:	
Home phone:	Cell:	E-mail:	
Relationship to child:			
Siblings:			

Child's Information:

## Daquan Q. Johnson Aplastic Anemia Foundation

Name:	DOB:	_
Year of Diagnosis:	Gender (circle one) F M	
Medical Center:		_
Social Worker Contact:		_
Social Worker Email:		
Social Worker Phone:		_
What is being Requested:		
		<del></del>
Amount of request:		HNSON
Need assistance with:		
T <mark>ravel</mark> expenses	Meal expenses	
Lodging expenses	Co-pays	
Mortgage/rent payment	Utility payment an Q. Johnson	
Other:	APLASTIC ANEMIA	
	Worker – please provide any additional info relative to the family situation, current finan-	cial status, prognosis, etc.
Social Worker Signature:	Da	ate:

We would love to see who we are helping! Please submit a family photo with the names of everyone featured.