



## **How to Apply for Financial Assistance**

To apply for financial assistance from the Love for Linley Foundation, please complete and submit the attached application along with the required documents. You will be contacted once your application has been reviewed. Please note that grants are subject to availability of funds. Grant requests typically range from \$500 to \$1500. Love for Linley Foundation has the right, at any time, to approve grants outside of the general range.

1. Any family with a child diagnosed with cancer or other critical illness prior to the child's 18th birthday is eligible for consideration.
2. The applicant must be the parent or legal guardian of the diagnosed child and the primary caregiver of the child. A photocopy of the child's birth certificate or other evidence of parental or guardian status must be submitted with the application. Applicants must be U.S. residents.
3. The application must be accompanied by a signed letter from the child's treating physician on the physician's letterhead stating the child's full name, date of birth and diagnosis.
4. All sections of the application must be completed, and all accompanying documents must be submitted in order to have the application considered for review.
5. Assistance may be requested one time during any 12-month period. Each request for assistance requires submission of a new application.
6. Please contact Cassie Menard at (617) 875-9966 or [info@loveforlinley.org](mailto:info@loveforlinley.org) if you have any questions concerning the application process.

Once the application is complete, please send it along with the required documents by mail or e-mail to:

**Love for Linley Foundation**  
**23 Heritage Drive**  
**North Easton, MA 02356** [info@loveforlinley.org](mailto:info@loveforlinley.org)



## Financial Assistance Grant Application

Parent/Guardian's Name: \_\_\_\_\_

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

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

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

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

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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

Medical Institution where Diagnosed/Treated: \_\_\_\_\_

Name of Treating Physician: \_\_\_\_\_

Phone # and Email Address of Physician: \_\_\_\_\_

Please complete the following:

I confirm that I am my child's primary caregiver and that as a result of a severe economic hardship due to my child's diagnosis, my family has suffered a short-term emergency need for assistance with basic necessities such as food, clothing, housing, transportation and medical assistance.

I am requesting the amount of \$\_\_\_\_\_ in emergency assistance from Love for Linley Foundation which will be used as follows:

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Photo / Video release

I hereby authorize the Love for Linley Foundation and its representatives to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing Love for Linley programs or media like newsletters without payment or any other consideration.

By signing this document, I understand that:

- The materials will be used only for nonprofit/educational purposes.
- The above-named individual/organization will not release the materials to any other nonprofit or commercial entity without seeking my permission.
- Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of the above named nonprofit organization.
- I release all claims against the Love for Linley Foundation and its representatives with respect to copyright ownership and publication, including any claim for compensation related to use of these materials.

I do not grant Love for Linley Foundation permission to use photos and/or videos

By signing below:

- I authorize the Love for Linley Foundation and its agents and representatives to contact the above-named medical institution and physician in order to verify my child's diagnosis.
- I authorize the above-named medical institution and physician to release to the Love for Linley Foundation and its agents and representatives any information and medical records deemed necessary by the Love for Linley Foundation to complete its verification of my child's diagnosis.
- I attest that the information provided above and accompanying this application is true and correct to the best of my knowledge. I acknowledge that the Love for Linley Foundation will pursue and is entitled to restitution for a grant if it is determined that the information submitted on this application is false.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**All applications will be reviewed on a case-by-case basis and a final determination will be made based on the availability of funds. Love for Linley Foundation does not discriminate on the basis of race, color, national origin, religion, or sex, sexual orientation or gender identity.**

For the Love or Linley Foundation use only:

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

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

Approval Status: \_\_\_\_\_