



GO BO Foundation

Family Assistance Program Application

Any family with a child diagnosed with a life-threatening medical condition may be eligible for financial assistance. The child's treating physician makes the determination of whether the child is medically eligible.

For children diagnosed with cancer, apply to Door CANcer for help. The GO BO Foundation provides funding to Door CANcer to help the families of children with cancer in our community. Visit www.doorcancer.com.

For children diagnosed with any other life-threatening medical condition, apply to the GO BO Foundation Family Assistance Program using this application. Eligibility criteria and details about the Program are available at www.gobofoundation.org.

Child's Name and Date of Birth:

Parent Submitting Application:

Mailing Address:

City, State, Zip Code:

Parent's Email:

Parent's Preferred Telephone:

Explain child's medical condition:

Primary Physician's Name:

Primary Physician's Phone:

Name and Age of EVERYONE
who lives in with the Child:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Have you received assistance from the GO BO Foundation or Door CANcer in the past?

No Yes. If yes, then when:

Please explain SPECIFICALLY how the GO BO Foundation can help you (example: mortgage, utilities, transportation, groceries, lodging, meals, clothing, etc) and itemize those expenses below:

First Expense

Expense or Company Owed:

Amount Requested: \$

Frequency (monthly, quarterly, etc):

Account Number (if any):

Company Mailing Address:

City, State, Zip Code:

Telephone:

Explanation (if needed):

Second Expense (if any)

Expense or Company Owed:

Amount Requested: \$

Frequency (monthly, quarterly, etc):

Account Number (if any):

Company Mailing Address:

City, State, Zip Code:

Telephone:

Explanation (if needed):

Third Expense (if any)

Expense or Company Owed:

Amount Requested: \$

Frequency (monthly, quarterly, etc):

Account Number (if any):

Company Mailing Address:

City, State, Zip Code:

Telephone:

Explanation (if needed):

Fourth Expense (if any)

Expense or Company Owed:

Amount Requested: \$

Frequency (monthly, quarterly, etc):

Account Number (if any):

Company Mailing Address:

City, State, Zip Code:

Telephone:

Explanation (if needed):

Fifth Expense (if any)

Expense or Company Owed:

Amount Requested: \$

Frequency (monthly, quarterly, etc):

Account Number (if any):

Company Mailing Address:

City, State, Zip Code:

Telephone:

Explanation (if needed):

Applications are reviewed monthly so depending on when you apply, it could take anywhere from one to seven weeks to receive a decision.

I certify that the information provided above is true and complete to the best of my knowledge.

Name & Signature of Parent:

Date Submitted:

As an electronic signature, you may type in your name (we may confirm signature, if necessary).