



SMITHTOWN CHILDRENS FOUNDATION

"Family, Friends & Community coming together as ONE Serving the Entire Smithtown Community"

REQUEST FOR FUNDING

Applicant/Parent and/or Guardian Names

Patients Name: _____ Date of Birth: _____
(Last) (First)

Father's Name: _____ Home Phone: _____
(Last) (First)

Email address: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____
(Last) (First)

Email address: _____ Cell Phone: _____

Guardian's Name (if applicable, must provide documentation): _____
(Last) (First)

Relationship: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Please list below your current needs for funding (be specific-attach any relevant documents/fixed household bills & include dollar amounts):

I hereby certify that the responses and information provided in this funding request (and the materials submitted with the application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of this foundation's assistance.

Parent/Guardian signature: _____ Date: _____

Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767

www.smithtownchildrensfoundation.com

Christine Fitzgerald 516-835-1219 fitzyBBCF@optonline.net