

THE JIMMY BURNS FOUNDATION
Hardship Grant Application

Background: In the spirit of Jimmy Burns, the JBF will grant financial assistance from time to time to persons afflicted with cancer and in need of help, based largely upon funds available. To apply, simply fill out the following information and mail to:

***The Jimmy Burns Foundation**
P.O. Box 338
Libertyville, IL 60048

General Information:

Last Name _____ First Name _____ Middle Initial _____
Home Address _____ Apt. No. _____
City _____ State _____ Zip _____ Phone _____
Email _____

Hardship Grant Request:

Briefly describe the circumstances supporting your request for assistance.

Applicant's Declaration:

I affirm that all information I have given above in order to qualify is complete, correct and true to the best of my knowledge. I understand that I may be denied assistance if any of the above is false, and that I may be required to repay any assistance that I get based on false or incomplete information.

Upon request, I agree to provide The Jimmy Burns Foundation with evidence of the information I have given on this application. I understand that this application becomes the property of the granting Foundation when submitted. Furthermore, I understand that The Jimmy Burns Foundation may use my name, likeness and or medical condition description in their newsletters, on their web-site and on other promotional materials used in order to promote fund-raising for its charitable purposes. By signing below, I hereby give my consent to publish my name, photo and medical condition for said purposes.

SIGN HERE _____ **DATE** _____

* Note that you will be notified of a decision regarding financial assistance following a vote by the JBF Board of Directors. The response time to requests will vary, based on the timing of Board of Director meetings.