



# Nick and Kelly Children's Heart Fund

## Financial Assistance Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you a resident of Arizona? YES NO

Have you ever applied for assistance with Nick and Kelly? YES NO  
  If yes, when? \_\_\_\_\_

### Co-Applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you a resident of Arizona? YES NO

Have you ever applied for assistance with Nick and Kelly? YES NO  
  If yes, when? \_\_\_\_\_

**Child**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Siblings: \_\_\_\_\_

\_\_\_\_\_

**Insurance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Coverage: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Financial Assistance Request (provide all specific details)
