



Joshua's Love Foundation Application

We ask that you please complete this questionnaire to be eligible to receive financial assistance. All information provided to us is strictly confidential and will only be used for the purpose of determining your eligibility for our program. Feel free to add any additional information or attach additional documents that you think may be helpful for us in getting to know you and your child. The Joshua's Love Foundation accepts applications year around and Award recipients will be notified as space opens up. If you have any questions, please don't hesitate to ask.

Parent Information

Parent or Guardian full name: _____

Relationship to recipient: _____ DOB: __/__/__

Home Phone: _____ Cell Phone _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Employment Status(circle one): Employed or Unemployed

Annual gross income: _____

Preferred Method & Time of Contact : _____

Number of children in need of therapeutic services as a result of diagnosis: _____

Recipient Information

Child's full name: _____ DOB: __/__/__

Diagnosis: _____

When was the child diagnosed ? _____

How does this diagnosis impact you and your family on a daily basis?

What are your child's strengths/weaknesses?

[illegible]

Is there any additional information that you would like to share for consideration?

[illegible]