

Panhandle Children's Foundation, Inc.

Application for Assistance

Please fill out the following form to better assist Panhandle Children's Foundation, Inc. in your request for a disabled or disadvantaged child. Also, please fill out form if you are a group or an organization seeking assistance in regards to a child or children.

Name of person making request: _____

Phone _____

Address: _____

E-mail _____

Name of child/children/group/organization

Request is for: _____

Age of child/children _____

What is the special need that is requested?

What is the estimated cost of your request?

What other organizations have you asked to grant this request? Is any financial assistance or services being provided by the school system, a church, club, or individual? If so, please list below and the amount of money given or describe the assistance provided. Please also list the dates of assistance.

Please answer the following questions:

Parents name: _____

Employment: _____

Yearly income? _____

How many family members are there in the household?

What insurance does the family currently have on this child?

If the child is disabled or handicapped, is the condition temporary or ongoing?

Please mail this form to:

Panhandle Children's Foundation Inc.
P.O. Box 1541
Dumas, Texas 79029