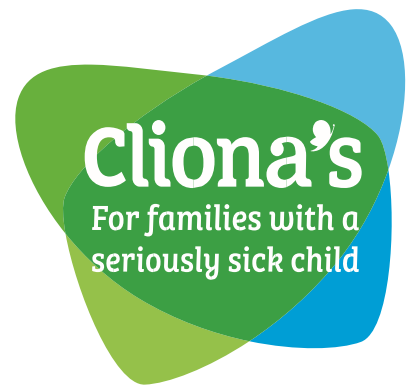


Application Form for Financial Support (for children from birth to 16 years of ALL
ALL SECTIONS MUST BE COMPLETED



Parents/Guardians Name _____

Address _____

Email Address: _____

Contact Number (Home) _____

Required: _____

(Mobile) _____

Child's Name: _____ Date of Birth: _____

Relationship of applicant to child: _____

Brief details of Child's illness: _____

When was the illness first diagnosed?

Why do you need financial support?

Have you applied for funding from Cliona's Foundation in the past?

Yes No if yes, when? _____

Have you approached any other organisation for funding?

Yes No

If yes, please give brief details:

Is there any other support you could benefit from? i.e. Support groups,
counselling

Employment Status

Mother Employed Yes No

Father Employed Yes No

Medical Details

Name of Specialist / Consultant:

Name of Hospital: _____

Contact Number: _____

Signed (by individual completing application form)

Date: _____

**ORIGINAL LETTER OF SUPPORT FROM
YOUR SPECIALIST/CONSULTANT MUST
BE ATTACHED**

In the event of receiving some financial assistance would you be willing to publicise your child's details on our literature/website as a means of raising additional funds for other needy families?

Yes No

Please forward application form to:

**Cliona's Foundation
Unit 22 Groody Centre**

Castletroy

Limerick