

**2019 JB Wright Financial Assistance for Medical Expenses Scholarship Application
Children's Burn Foundation of Florida, Inc. – Camp Tequesta**

Requirement: Applicant is a burn survivor that has attended Camp Tequesta as a participant.

Name: _____ Sex: F or M Race: _____
Last Name First Name Middle Name

Date of Birth: _____

Parent/Guardian's Name(s): _____
(If Applicable)

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Cell Phone Number: _____

Home Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____
(If Needed) (If Needed)

Email Address: _____

Family Income (includes all income including child support):

Previous Year: _____ Present Year: _____

In the space provided, state financial need for medical assistance. Please attached written estimates in writing and or statements for provisions of surgery, etc. It is important these documents are attached to this application.

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Please briefly explain how you would benefit from these funds:

All the information provided is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. Any falsification will result in ineligibility for funds

Signature

Date

After completion of this form, please mail it to me at:

Carrol Ann Stankovitz, Camp Coordinator
Children’s Burn Foundation of Florida, Inc.
1122 SW 2nd Street
Boca Raton, Florida 33486-4550228
Cell Phone Number: 561-756-6119
Email: castankovitz@gmail.com

Medical Expense Scholarship decisions will be made by the board of directors. If you have any questions completing this process, please contact me. Thank you.