

**2023 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.
Please use only black ink or theme color black to fill out application.

Name: _____
Last Name First Name Middle Name

Sex: _____ Race: _____ 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: _____

Email Address: _____

Family Income (includes all income including child support):

Previous Year: _____ Present Year: _____

In the space provided, state financial need for medical assistance:

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In the space provided, state financial need for medical assistance: (continued)

Please briefly explain how you would benefit from these funds:

All the information provided is true and complete to the best of my knowledge. **Documentation such as a physician’s order, invoice and or medical billing is required to complete this application.** 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

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After completion of this form, please email or 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 love dove.