

**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.

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

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.