



My Little Light Foundation
Helping families battling Childhood Cancer

**Application for Emergency
Assistance Fund**
Email completed application to:
info@mylittlelightfoundation.org
or
Mail to: 10926 Quality Drive, #38141
Charlotte, NC 28278

Please PRINT in black or dark blue ink and complete ALL sections accurately.

Families who have a child currently undergoing cancer treatments are eligible for emergency assistance of \$150.00 one time per fiscal year (October 1 through September 30). Eligibility is based on the availability of funds in the order of applications received. A case manager will contact you by email once the application has been received and processed. In order to receive assistance, your application must include a letter from your social worker confirming your child's treatment.

Date of Application _____

Patient Name (first, middle,last) _____

Date of Birth _____

Guardian Names(s) _____

Address _____

Primary Phone #
() _____

Email _____

Please check how you will utilize the assistance.

Mortgage

Rent

Utility Payment

Child Care

Health Insurance Premiums

Transportation Expenses

Treatment Related Expenses (prescriptions, meals away from home, etc.)

Please describe how this assistance will help your family.

Do we have your permission to use your first name and last initial on our website and how we were able to help your family? This does not impact your assistance.

Yes

No

If you have any questions, please contact us via email or at (980) 280-1373.