

APPLICATION FOR ASSISTANCE



Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Person completing app. (if different from Applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How did you hear about The JT Townsend  
Foundation? \_\_\_\_\_

Nature of Disability? \_\_\_\_\_

Under Doctors' Care? \_\_\_\_\_ Doctors Contac Information \_\_\_\_\_

How can we help?

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INFORMATION RELEASE

By filling out this application, the applicant, by signing below, hereby grants JT TOWNSEND FOUNDATION, INC., the right to use my name, my picture submitted, my information, and my story described herein, without compensation, in electronic form (including the JT TOWNSEND FOUNDATION, INC., website) and/or in any JT TOWNSEND FOUNDATION, INC., publication or written material.

Applicant understands that JT TOWNSEND FOUNDATION, INC., will use my information, my submitted text, and my likeness only for promotional and/or educational purposes. I hereby agree to hold JT TOWNSEND FOUNDATION, INC., its licensees and affiliates harmless from any liability resulting from my statements and actions depicted or described in the information, text and graphic representations herein submitted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Minor Child (if applicable)

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

TO BE COMPLETED BY JTTF REPRESENTATIVE

Date of Contact \_\_\_\_\_ Date of Completion \_\_\_\_\_

Recommendation for Assistance \_\_\_\_\_

Cost \_\_\_\_\_

Signature \_\_\_\_\_

Board Approval \_\_\_\_\_