

The mission of the Ryan Scott Kappes Foundation is to provide financial assistance to families of critically ill children so that the family can remain together during extended hospitalizations. In an effort to help ensure the well-being of the family and offset the costs associated with a lengthy hospital stay, The Ryan Scott Kappes Foundation provides grants to help with travel, lodging and living expenses for qualified participants. In addition, the Ryan Scott Kappes Foundation seeks to promote the advancement of pediatric cardiac research through contributions to organizations and individuals dedicated to this endeavor.

FAMILY APPLICATION FOR FINANCIAL ASSISTANCE

(TO BE COMPLETED BY CHILD'S PARENT/LEGAL GUARDIAN)

Child's Name: _____

SSN: _____ DOB: _____ Race: _____ Gender: _____

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

Annual Household Income: _____

How do you intend to use the requested grant? _____

* Parent/Guardian Signature

Date

**By signing this application you are agreeing to allow publication of your child's name and medical condition by The Ryan Scott Kappes Foundation. If you object to publication, please contact us for further consideration.*

P.O. Box 30647 * Wilmington, DE 19805 *
Fax (302) 995-6121 * helpingfamilies@rskfoundation.org

MEDICAL INFORMATION
(to be completed by medical professional)

Child's Diagnosis: _____

Child's Physician: _____

Hospital: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Please describe child's medical condition and anticipated hospital course:

Name and Title (please print)

Signature

Hospital

Date