

Cliona's Foundation

Application Form for Financial Support

Applicants Name _____

Address _____

Email Address: _____

Contact Number: (Home) _____

(Mobile) _____

Child's Name: _____ Date of Birth: _____

Relationship of applicant to child: _____

Brief details of Child's illness: _____

When was the illness first diagnosed?

Why do you need financial support?

Have you applied for funding from Cliona's Foundation in the past?

YES No IF YES, WHEN? _____

Have you approached any other organisation for funding?

YES No

If yes, please give brief details:

Is there any other support you could benefit from?
i.e. Support groups, counselling



EMPLOYMENT STATUS

Mother Employed Yes No

Father Employed Yes No

MEDICAL DETAILS

Name of Specialist / Consultant:

Name of Hospital:

Contact Number:

Signed (by individual completing application form)

Date: _____

REQUIREMENTS:

Please attach *original letter of support from your Specialist/ Consultant.

In the event of receiving some financial assistance would you be willing to publicise your child's details on our literature/website as a means of raising additional funds for other needy families?

Yes No

PLEASE FORWARD APPLICATION FORM TO:

Cliona's Foundation,
Unit B3,
Eastway Business Park,
Ballysimon Road,
Limerick,
Ireland

**Original documents to be submitted*

