



## **ACE & TJ'S GRIN KIDS APPLICATION**

### **2012 TRIP TO DISNEYWORLD**

Ace & TJ's Grin Kids is a non-profit organization, which is a tax-exempt non-profit under IRS 501(c)3, and was established in 2000 to take children who are terminally ill and/or chronically disabled on an all-expense paid trip to DisneyWorld in Florida.

Applicants must be between the ages of 5-12 at the time of the trip which will take place in October 2012 and have a terminal disease, be physically challenged, or be chronically disabled, and should have financial need.

All applications must be filled out completely, and mailed and post-marked by June 30<sup>th</sup>, 2012 to be considered for the 2012 trip. Applicants will be notified of their application status in early August. We will be traveling to Disney World October 3rd through October 7th.

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**The following is to be filled out on behalf of the child:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Child's Date-Of-Birth: \_\_\_\_\_

**The following is to be filled out by the person filling out the application:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Secondary Phone Number (if applicable): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your relationship to the child (parent, teacher, nurse, etc): \_\_\_\_\_

**The following is to be filled out on behalf of the point-of-contact for the family if selected to go on the Grin Kids trip. If this information is the same as above, please check here (  )**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Secondary Phone Number (if applicable): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to the child (mother, father, legal guardian, etc): \_\_\_\_\_



With whom does the child currently reside? (check one)

Both Parents

Mother Only

Father Only

Other Relative

Legal Guardian

Other

What is the child's medical condition/diagnosis: \_\_\_\_\_

\_\_\_\_\_

Please describe the medical condition/diagnoses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the medical treatment that the child is currently receiving and describe the daily requirements to provide care for the child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child use a wheelchair? (circle one)      YES      NO

If yes, please circle one:      ELECTRIC      MANUAL

Does the child remain in the wheelchair for transport? (Circle one)      YES      NO

Does the child require oxygen tanks or other breathing apparatus? (circle one)      YES      NO

Name of the child's primary care physician: \_\_\_\_\_

Phone number of the child's primary care physician: \_\_\_\_\_

Does the child have a daily care-giver outside of the family? (circle one)      YES      NO

Does the child require a 24-hour care-giver? (circle one)      YES      NO



How did you hear about Ace & TJ's Grin Kids? (radio show listener, medical staff referral, former Ace & TJ's Grin Kids family, teacher, etc): \_\_\_\_\_

Has the child ever visited:

DisneyWorld or Disneyland      YES      NO

Other amusement park?      YES      NO

If yes, which one? \_\_\_\_\_

Please list all family members that have visited DisneyWorld or Disneyland in the past: \_\_\_\_\_

Has the child received a trip from *any* organization, such as Make-A-Wish or Give Kids The World?    YES    NO

If yes, which organization and to what destination? \_\_\_\_\_

Has this child applied for Ace & TJ's Grin Kids before?      YES      NO

If yes, when? \_\_\_\_\_

**Please list all family members who live the same household with the Grin Kids applicant (the child):**

Last Name	First Name	Relationship To Grin Kid	Date Of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Household Income: \$ \_\_\_\_\_

**Please provide 3 references for the Grin Kids applicants and family, not residing in the household:**

Name	Relationship	Daytime Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____



As the person completing this application, I certify that the information contained in this application is correct, truthful and complete. I authorize Ace & TJ's Grin Kids to investigate these statements and references and authorize the release of such information without liability. I understand that if my applicant is chosen for the trip and attends and any of these statements are not true, I will be liable for all expenses associated with the trip.

\_\_\_\_\_  
Signature of person completing application

\_\_\_\_\_  
Signature of applicant's parent or guardian

\_\_\_\_\_  
Printed name of person completing application

\_\_\_\_\_  
Printed name of applicant's parent or guardian

*This application will be considered without regard to race, color, religion, national origin, sex, or marital status.*

*All fields of this application must be filled out to be considered for Ace & TJ's Grin Kids.*

Please mail this completed application, by June 30<sup>th</sup>, 2012 to:  
 Ace & TJ's Grin Kids  
 PO Box 37192  
 Charlotte NC 28237

FOR INTERNAL USE ONLY	ACE & TJ'S GRIN KIDS
Date received:	PLH Check L:
Return correspondence:	PLH Check A:
Reference check:	PLH Check D:
Final notification:	PLH Check I: