



ACE & TJ'S GRIN KIDS APPLICATION

2011 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 is October 5th-9th, 2011 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 30th, 2011 to be considered for the 2011 trip. Applicants will be notified of their application status in early August.

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 30th, 2011 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: