



*The Fearless Angel Project is a 501(c)(3) not-for-profit organizations which is devoted to providing financial support to families in need who have a child with a documented developmental disorder and/or autism.
Child must be age 21 or younger.*

Application for Scholarship

Please do your best to provide complete information so that we can expedite your application.

- Please note that it is our policy to pay providers directly.
- Please allow 30 days for our Board to consider your request.

Please send your completed application to:

The Fearless Angel Project

Attn: Izabela O'Brien

116 Mason St., 2nd Floor

Greenwich, CT 06830

Or by email to: izabela@thefearlessangelproject.com

For Office Use Only

Date received: _____

Date contacted applicant: _____

NOTE: All information will be kept strictly confidential

Today's Date: _____

Child's Name: _____

INFORMATION ABOUT PERSON/ORGANIZATION MAKING THE REQUEST

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home or Work Phone: _____

Cell Phone: _____

E-mail address: _____

Relationship to child: _____

How did you hear about us? _____

Have we ever helped this child before? YES _____ NO _____

Annual household income for all legal guardians: \$ _____ / 2019

(Please have copy of W2 available upon request)

INFORMATION ABOUT THE CHILD

Child's name: _____

Child's date of birth: _____ Male _____ Female _____

Child's address (if different from the one above)

Street Address: _____

City, State, Zip Code: _____

Parent's names: _____

Child's diagnosis: _____

Brief description of diagnosis:

ASSISTANCE OR RESOURCES REQUESTED Please provide a description of the financial assistance or resources you are requesting and from which provider. _____

Name/Contact person of the provider you contacted (attach a written estimate if possible):

Provider: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Will any part of this item be covered by insurance? **Yes / No**

If yes, what is the total cost or percentage? _____

Please indicate if any assistance is being received or will be received from any other foundation or agency:

MEDICAL CONTACTS

The following information is necessary so that we may verify the child's condition:

Physician Name: _____

Address: _____

Phone Number: _____

ABA Therapist Name: _____

Address: _____

Phone Number: _____

Occupational Therapist Name: _____

Address: _____

Phone Number: _____

Speech Therapist Name: _____

Address: _____

Phone Number: _____

GENERAL RELEASE

I/we wish to participate in the benefits provided by The Fearless Angel Project. I/we understand that participation in such a program is voluntary and that these benefits are provided by The Fearless Angel Project in furtherance of its effort to provide financial assistance to the families of children with developmental disorders. I/we hereby release, discharge, indemnify and agree to hold harmless The Fearless Angel Project, its officers, directors, agents, sponsors, medical advisors, and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to our participation in the programs or benefits provided by The Fearless Angel Project.

Signed: _____

Date: _____

PHOTO RELEASE

Please enclose/email a current photo of the child for whom this request is being made. The Fearless Angel Project may from time to time request to take and submit photos of your child/children to various publications for news-related stories about the foundation and its related activities, including fundraising events. We may also use such photos for promotional purposes, such as in advertisements, press releases, web site use, etc. Please indicate whether you would approve the use of your child's photo for such purposes by marking the appropriate spaces below:

I will allow my child's photo to be used for promotional or news-related purposes:

YES _____ NO _____

I will allow my child's name to appear in print for news-related purposes:

YES _____ NO _____

Child's Name: _____

Parent's Name: _____

Parent Signature: _____