



PO Box 8076  
Rockford, IL 61126  
(815) 262-8825  
www.nikolasritschelfoundation.org

## Nik's Home Run Grant Application

Patient's Name: \_\_\_\_\_ Patients' Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Date of Diagnosis: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Hospital Name: \_\_\_\_\_  
Oncologist Name: \_\_\_\_\_ Oncologist Phone Number: \_\_\_\_\_ Oncologist Email: \_\_\_\_\_  
Social Worker Name: \_\_\_\_\_ Social Worker Phone Number: \_\_\_\_\_ Social Worker Email: \_\_\_\_\_

**Patient's Story:** Tell Us About You: What was your life like before you were diagnosed? What is it like now?

**Need Statement:** Tell us how a respite (or other enrichment opportunity) may provide support for you and/or your loved ones.

Please indicate any travel restrictions or special:

Parent's Signature: \_\_\_\_\_  
Oncologist or Social Worker's Signature \_\_\_\_\_  
Print Name and Title Here: \_\_\_\_\_

### Attachments Required:

- Attach a photo of the patient.
- Attach a letter on Hospital letterhead verifying the patient's diagnosis signed by the treating oncologist and/or hospital social worker.

### Promotional Release:

- Check this box and sign below to grant The Nikolas Ritschel Foundation the right to use the patient and family's names, story, and pictures to help raise awareness for The Nikolas Ritschel Foundation, and to increase awareness of young adult sarcoma and the need for funding for an unlimited period of time in all media.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email or send application to:** info@nikolasritschelfoundation.org or PO Box 8076, Rockford, IL 61126

*The Nikolas Ritschel Foundation is recognized as a public charity under section 501(c)3 of Internal Revenue Code.*