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*The Norona Effect provides financial assistance to qualifying residents of Mohave County, AZ. These residents are forced to travel outside of Mohave County for medical care of a dependent-minor child. Grants are provided to minimize the financial hardship that is **directly attributable** to the child's illness or social service needs. Grants are limited by available funding and will be issued on a first come–first served basis.*

APPLICATION FOR FINANCIAL ASSISTANCE: TO BE COMPLETED BY CHILD'S PARENT/LEGAL GUARDIAN
(You can type directly in to this document. If you submit a hand-written application, **PLEASE PRINT**)

Child's Legal Name: _____ DOB: _____ Gender: _____
Parent/Legal Guardian Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ E-mail Address: _____

ANNUAL Household Income (*i.e. government assistance, child support, alimony, family assistance, must include all sources of income in U.S. Dollars*): _____

Grants may be issued up to \$1,500 per family, per calendar year. Please provide copy of bill(s) to be considered. Qualifying bills include: rent, utilities, child's medical bills. Qualifying bill(s) will be paid directly to the vendor and you will be notified. Any remaining grant award may be issued in the form of prepaid gas cards.

*Parent/Legal Guardian Print Name

Parent/Legal Guardian Signature

Date

• *By signing this application, you are agreeing to allow publication of your child's name and medical condition by The Norona Effect Inc. Additionally, by signing this, you are giving your medical professionals and The Norona Effect permission to share medical information about your child's case. Finally, by signing this, you authorize the use of any photographic or electronic reproductions of minor child for any purpose including, but not limited to, fundraising and social media marketing as deemed appropriate by The Norona Effect.*

