



## Liv It Up Application

Child's full name (required) \_\_\_\_\_ Date of birth \_\_\_\_\_

Type of cancer/illness \_\_\_\_\_

Hospital name and location \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Child's social media (if one exists) \_\_\_\_\_

Status of treatment (circle one):

remission, relapse, maintenance, in treatment, newly diagnosed

Other relevant health information \_\_\_\_\_

\_\_\_\_\_

Father/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Sibling Names(separate with commas) \_\_\_\_\_

How did you hear about Liv it Up? \_\_\_\_\_

Amount requesting \_\_\_\_\_

Please give details on the next page what you plan to do with the money given:

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You can:

Scan the application and email it to: [livetup422@gmail.com](mailto:livetup422@gmail.com)

Mail the application to:

Liv It Up

PO Box 22

Pleasant Lake, IN 46793