



# No More Umbrellas Foundation

## Hardship Funds Assistance Application

PATIENT Name: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT(s) First, Last Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we share your story with our supporters on social media, email, etc.? YES | NO  
We respect your privacy. Your story is optional to share, and it is not required for eligibility.  
(If you choose to share, space is provided on the second page of this application.)

\*By signing below, I hereby acknowledge that a completed Hardship Assistance Application does not guarantee funds and that grant awards will be based on the availability of funds. I certify that the statements herein are true, complete, and accurate to my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept a grant award.

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker (print name): \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_

SW Email: \_\_\_\_\_ SW Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Patient Diagnosis/Date: \_\_\_\_\_

Submit application to: [emily@nomoreumbrellas.org](mailto:emily@nomoreumbrellas.org) | By mail: 7065 Durant Rd., Plant City, FL 33567

No More Umbrellas Foundation grants funds without regard to race, color, religious creed, gender, sexual orientation, disability, or national origin.

