

REGAL FOUNDATION APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

COUNTY OF RESIDENCE _____

NUMBER IN HOUSEHOLD _____

ANNUAL HOUSEHOLD INCOME _____

Please indicate below any circumstances that have led you to apply for financial support through the Regal Foundation (may check more than one)

- Loss of job
 - Large outstanding medical bills
 - Multiple children requiring medical services/therapy
 - Difficulty paying large insurance deductible
 - Other (please explain) _____
- _____
- _____

Printed Name (if Parent or Guardian) _____

Signature/Signature of Parent or Guardian _____

Date _____

Reviewed by _____ Date _____

Approved by _____ Date _____