

Instructions

- Before completing this application, the adult sponsor must read The Dream Fund Guidelines on page 3 of this application.
- There are eight sections in this application. See the table below for the person(s) responsible for each section. Every section **must** be completed.

Section 1. The Dream Fund Guidelines	• Adult Sponsor
Section 2. Adult Sponsor	• Adult Sponsor • Parent/Guardian (consent required if the parent/guardian is not the adult sponsor)
Section 3. Dream Recipient	• Adult Sponsor
Section 4. Dream Information	• Adult Sponsor
Section 5. Financial Information	• Adult Sponsor
Section 6. Medical Information	• Qualified Physician
Section 7. Endorsement	• Endorser (should not be the same as Qualified Physician in Section 6)
Section 8. Photographic / Media Consent	• Parent/Guardian

Office Use Only

Date application received (mm/dd/yyyy): ____/____/____ Application complete? Yes No

Specify any actions taken: _____

Application approved? Yes No Approximate Cost of dream: \$ _____

If application is not approved, indicate the reason: _____

Approved by: x _____, x _____, x _____ on (mm/dd/yyyy): ____/____/____

Section 1. The Dream Fund Guidelines

Before completing this application, the adult sponsor must read The Dream Fund Guidelines. Guidelines are available on page 3 of this application, on the brochure, in our FAQ at www.thedreamfund.ca, or by contacting (709) 279-3330.

Section 2. Adult Sponsor

I am initiating this application on behalf of _____
Dream Recipient's Name

Has anyone applied to any other gift giving organization for this child? (ex. Children's Wish Foundation) Yes No

If Yes, please provide the name of the organization: _____

Adult Sponsor: Dr Rev Mr Ms _____

Relationship to child (check one only): Parent Guardian Other (please specify) _____

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ E-mail: _____

Telephone: home () _____ work () _____ cell () _____

I have read the The Dream Fund Guidelines. I verify that the information I have provided is current and accurate.

Signature of Adult Sponsor Date

To be completed by the parent/guardian if the adult sponsor is not the parent/guardian.

I give my consent for the adult sponsor to initiate this application on my behalf.

Parent/Guardian (please print) Signature of Parent/Guardian Date

Section 3. Dream Recipient

Name: _____ Gender: Male Female
 Date of Birth (mm/dd/yyyy): ____/____/_____
 Street/P.O. Box: _____ Community: _____
 Province/Territory: _____ Postal Code: _____ Telephone: () _____

Section 4. Dream Information

Please give a short detailed description of the dream that the recipient desires. Use the back of this page if you need more room:

Section 5. Financial Information

Gross annual household income in the child's household (e.g. \$20 000-\$29 000): _____
 Number of people living in the child's household: _____ children 18 and under _____ adults
 Is the child's family a single parent family? Yes No
 Briefly describe any special financial hardships the child's family is currently experiencing:

Section 6. Medical Information

Name of child's illness: _____

I verify that this child meets the medical aspects of The Dream Fund Guidelines required in order to receive a dream from The Dream Fund.

 Physician (please print) Signature of Physician Date

Section 7. Endorsement

The endorser acts as an objective third party who is familiar with the child's family and is in a professional position to assess the social and economic barriers facing the family. (Note: The endorser cannot be the adult sponsor, medical information signee from Section 6, or a family member.)

Endorser: Dr Rev Mr Ms _____

The endorser must be one of the following (check one only):

- Principal Vice-Principal Teacher Guidance Counsellor Physician Member of the Clergy
- Law Enforcement Officer Lawyer Employer of parent/guardian
- Professional in family services or social work (e.g. Nurse, Social Worker, Licensed Child Care Worker)

Please specify: _____

Employer: _____

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ E-mail: _____

Telephone: home () _____ work () _____ cell () _____

How do you know the child/family? _____

I verify that the information provided in this application is current and accurate. I agree to be contacted for additional follow up.

 Endorser (please print) Signature of Endorser Date

Section 8. Photographic / Media Consent

Information

I hereby consent to the collection and use of my child's personal images by photography or video recording. I acknowledge that these may be used on The Dream Fund's website and social networks, newsletters and publications, as well as distributed to members.

I further acknowledge that my child's image may be used by The Dream Fund and media to promote The Dream Fund in the future.

I understand that no personal information, with the exception of names, will be used in any publication unless expressed consent is given.

I also understand that my consent can be withdrawn, with just cause, at any time in writing to The Dream Fund at P.O. Box 1340, Marystown, NL, Canada, A0E 2M0.

Consent Form

I, _____, consent to the use of my child, _____, photographs or
Parent/Guardian (please print) Dream Recipient (please print)
 video footage for the use of The Dream Fund's website and social networks, newsletters and publications, as well as distributed to members.

I consent to the use of photographs or video footage being used to promote future events by The Dream Fund and other media.

I further understand that my consent can be withdrawn, with just cause, at anytime, by a written notice to The Dream Fund.

I give this consent voluntarily.

_____ Parent/Guardian (please print) _____ Signature of Parent/Guardian _____ Date

The Dream Fund Guidelines

- The dream recipient must:
 - i) be a resident of Newfoundland and Labrador;
 - ii) be aged 0-18, inclusive, at the time the application is received;
 - iii) be receiving treatments for a critical illness at the time the application is received;
 - iv) be in financial need (not required, however this is a factor in approval).
- Dreams approved by The Dream Fund will have a maximum value of \$2000.
- Dreams can be, but are not limited to, such things as laptop computers, game consoles, assistive technologies, event tickets, musical instruments and more.
- The ability to make dreams come true will not only be based on financial need, but also on the available funds of The Dream Fund.

Contact Information

Mail:
 The Dream Fund
 P.O. Box 1340
 Marystown, Newfoundland & Labrador
 Canada A0E 2M0

E-mail:
apply@thedreamfund.ca

Web:
www.thedreamfund.ca

Phone:
 (709) 279-3330

Fax:
 (709) 279-4202