

www.champsagainstcancer.org

Champions Against Cancer P.O. Box 115 Highland, Maryland 20777 championsagainstcancer@gmail.com

2025 APPLICATION FOR FINANCIAL SUPPORT

Champions Against Cancer is a Howard County-based foundation that supports children who have a parent/legal guardian with cancer. Qualified applicants are age 21 or younger who have a parent/legal guardian with cancer living or working in Howard County.

REQUIRED: THREE (3) NOMINATION LETTERS AS FOLLOWS:

- two nomination letters from the following (each letter should come from a different source): place of worship, place of employment, counselor/social worker, hospital representative, child(ren)'s school, or other non-relative. Each nomination should discuss how cancer is impacting the child(ren).
- A **third letter** from the parent's doctor/medical professional confirming the cancer diagnosis.

Please send this application and the THREE nominations to the mailing or email address above. Please send an email to championsagainstcancer@gmail.com with any questions.

PERSONAL INFORMATION

Parent/Guardian Name:	
Home Address:	
Employer in Howard County (if not a resident of Howard County):	
Employer's Address:	
Parent/guardian's Cell number:	
Parent/guardian's Email Address:	

CHILD(REN)'S INFORMATION First Child's Name for Whom You are Seeking Funds: Child's Date of birth: Current School: Second Child's Name for Whom You are Seeking Funds: Child's Date of birth: Current School: Third Child's Name for Whom You are Seeking Funds: _____ Child's Date of birth: Current School: Fourth Child's Name for Whom You are Seeking Funds: Child's Date of birth: Current School: **PARENT/GUARDIAN:** How did you learn about Champions Against Cancer? Amount of funding requested (one-time maximum of \$3,000): *Please provide specific details of how the money will be used:* PARENT/GUARDIAN SIGNATURE REQUIRED: I certify that the above information is true and accurate to the best of my knowledge. PARENT/GUARDIAN'S SIGNATURE:

DATE: