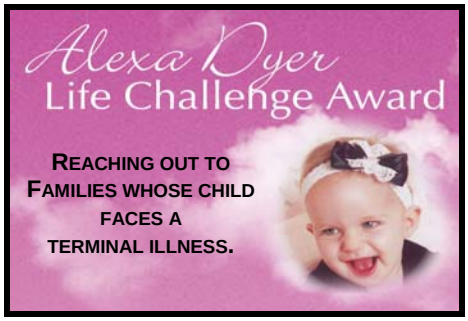

Application

Please email, fax, or mail application to:

Alexa Dyer Life Challenge Award Committee
Vancouver Rotary Foundation
PO Box 1000
Vancouver, WA 98668
Jill Martin
(360) 567-1822 - Phone
(360) 567-1824 - Fax
jill@jrm-consulting.com

Child's Name: _____ Age:_____
(child must be under 18 or diagnosed under 18 and is not older then 21)

Parents' Names: _____

Address: _____ City, State, Zip: _____

Telephone: _____ E-mail: _____

****

Physician or Agency: _____ Contact Name_____

Address: _____ City, State, Zip: _____

Telephone:_____ E-mail: _____ Date:_____

Application completed by:_____ Telephone:_____
(if different from above)

****

Please briefly describe the child's medical situation and current status and **specify how** the Alexa Dyer Life Challenge Award can assist the family with a financial award. Please use a second page if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Criteria for Consideration

- Child has been diagnosed with a terminal illness.
- Child is under 18 or was diagnosed under 18 and is not older then 21.
- Child is citizen or legally resides in Washington & Oregon within 125 miles of the Vancouver/Portland Metro area.
- Family has financial need due to illness
- Child is supported by a physician, Medicare, or medical support agency such as hospice.

Updated March 2007