Alexa Dyer Foundation
c/o Vancouver Rotary Foundation
PO Box 1000
Vancouver, WA 98666

(360) 567-1822 - Phone
(360) 567-1824 - Fax

Application

Child's Name: _____ Age: _____

Parents' Names: _____

Address: _____ City, State, Zip _____

Phone Number: _____ Email: _____

Physician or Agency: _____ Contact Name: _____

Address: _____ City, State, Zip _____

Phone Number: _____ Email: _____

Application Completed By: _____ Date: _____

Phone Number: _____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____