



Family Support Application

Our mission is to provide meaningful support to families affected by cancer by helping with non-medical expenses such as travel, housing, and food as they fight and recover from cancer. If you have any questions, please contact us at fullcountfoundation@gmail.com or 979-599-4843.

Please complete the following application so we can better understand your needs.

SECTION 1: Family Contact Information

- **Primary Contact Name:** _____
- **Relationship to Patient:** _____
- **Patient's Full Name:** _____
- **Patient's Age:** _____
- **Diagnosis (optional):** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Mailing Address:**

SECTION 2: List of Needs and Requests

Please let us know what would be most helpful to your family right now. (Check all that apply and include specifics where needed.)

Practical Needs:

- Gas cards
- Grocery support
- Rent/mortgage assistance
- Utility bills
- Transportation to treatment
- Other: _____

Emotional/Comfort Support:

- Care packages (e.g., snacks, blankets, books)
- Activity books for patients or siblings
- Gift cards (restaurant, Amazon, etc.)
- Fun or uplifting experience (describe below)
- Other: _____

Additional Details or Specific Items Requested:

SECTION 3: Tell Us Your Story

Please share a brief overview of your family's journey and how this support would make a difference. (Optional) We'd love a picture of your family!

(Feel free to attach additional pages if needed.)

SECTION 4: Consent for Sharing Your Story

We love honoring the brave families we serve. May we have your permission to share your story or photos on our website and/or social media to inspire others and raise awareness?

- Yes, you may share our story publicly.
- Yes, but please keep identifying details private.
- No, please keep our story confidential

SECTION 5: Use of Funds/Gifts

If requesting financial assistance or items, please let us know how you plan to use them. This helps us be good stewards of the resources provided through generous donors.

SECTION 6: Additional Information

Is there anything else you'd like us to know about your family or situation?

Applications can be filled out and returned via email or mailed. Contact information is below.

Thank you so much for taking the time to fill out this application. It's truly an honor to learn more about your family, and we're grateful for the opportunity to walk alongside you during this time. While submitting this form does not guarantee that you will receive funds or gifts, please know that our board of directors carefully reviews each request to determine how support can best be shared.

As a new foundation, our resources may be limited at times, but our goal is to help as many families as we can. We truly appreciate your understanding and will do our very best to provide some form of support to each family.

Signature & Date

By signing below, I confirm that the information provided is true to the best of my knowledge.

Signature: _____ **Date:** _____

Please know that we are keeping you in our prayers, and if there's ever anything you need, don't hesitate to reach out. We'd love to hear updates and for us to stay in touch!

Sincerely,



Carly Gonzalez

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