

The Bryan D. Ross Foundation
Application
(Please Print or Type)

Name (Person Nominating)	First Name	Last Name	Middle Initial
Name of Candidate (Person being Nominated)	First Name	Last Name	Middle Initial
Address	Street Address		Apt. No.
	City/Town	State	Zip Code
Telephone No.	()		
Is Member in Good Standing?	Yes	(CIRCLE ONE)	No
Nature of Illness/Catastrophic Injury:			

Information Needed with Application: (Please Attach)

Financial Need Statement

Medical Documentation

Authorization permitting the doctor to release information (attached)

Reason for Request: (Please check one)

_____ **Financial Hardship**

_____ **Loss of Health Coverage**

_____ **Loss of Work**

_____ **Exceeded Medical Coverage**

*****Medical Bills related to said event, must have been incurred within twenty-four months prior to filling out this application.**

Question: What is a catastrophic illness or injury?

Answer: A serious illness or death where there is loss of medical coverage or medical coverage has been exceeded.

Send Applications To:

Bryan Ross Foundation

c/o Denise Ortiz

One White Horse Centre, P.O. Box 637

Hammonton, New Jersey 08037-0637

(Awards to be given twice a year)

(Jan. to March 31st - Award given in May)

(Aug. to Oct. 31st - Award given in December)