



Creating Sunshine Forever

Radiating rays for the Cystic Fibrosis Community

Grant Application

To make our process more efficient, please have your Cystic Fibrosis Care Team fill out the following form

CF Care Team Member Name: _____

CF Care Team Member Email: _____

Grant Applicant First/Last Name: _____

Parent/Guardian's First/Last Name (If patient is under 18 years old) _____

Grant Applicant Email: _____

Grant Applicant Phone: _____ Grant Applicant Age: _____

Grant Applicant's Cystic Fibrosis Center: _____

How long has this applicant been working with this team?

What does the applicant need financial assistance with? (Hospital Bills, Pharmacy Bills, Etc.):

Amount Requesting: _____

How is the patients' health affecting his or her finances?: _____

Is the patient willing to give a testimonial if the grant is approved? (If yes, another form will be provided)

Yes _____ No _____

***Creating Sunshine Forever provides financial relief to patients where their health due to Cystic Fibrosis is directly affecting their finances and/or their finances are having a deteriorating effect on their health, therefore applicants who apply to us due to other personal life events we will have to turn away due to the overwhelming number of requests -we apologize in advance ***