



ACE & TJ'S GRIN KIDS APPLICATION

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

Ace & TJ's Grin Kids
631-200B Brawley School Rd.
 Mooresville, NC. 28117
Reference: Applications

Ace & TJ's GRIN KIDS Mission:

Established in 2000, Ace & TJ's Grin Kids is a 501(c)(3) nonprofit providing a magical, all-expense paid, 5-day experience at Walt Disney World for children between the ages of 5-12 who are terminally ill or chronically disabled and their immediate family.

*All applications must be postmarked by **April 1, 2017** to be accepted for our Fall 2017 trip. You will be notified by May 15, 2017 if you were chosen. An original copy of the application must be mailed. Only the medical questionnaire can be faxed or emailed from the child's physician.*

Please ensure this application is filled out thoroughly. Any partial applications will have to be removed before we begin the screening process.

Prior to submitting this application, please answer the following questions and confirm the child/family you are applying for meets the charities requirements:

1. Will the child be between the ages of 5 and 12 years old at the time of the trip – currently scheduled for October 2017 (date pending) (Circle one) Yes / No
2. Has the child been diagnosed with a chronic or terminal illness, or is the child physically challenged? (Circle one) Yes / No
3. Has the child ever been to Walt Disney World? (Circle one) Yes / No
4. Does the family have the financial means available to afford a trip to Walt Disney World without the help of Ace & TJ's Grin Kids? (Circle one) Yes / No

If no, please write the **gross household** income here: _____
(Families may be asked to verify income through previous tax returns.)

5. Does the child/family live in a radio listening area of The Ace & TJ show? Applications will be accepted from
 - Charlotte, NC ●Greenville/New Bern, NC ●Birmingham, AL
 - Greenville/Spartanburg, SC ●Columbia, SC ●Winchester, VA ●Cape Girardeau, MO
 - Bluefield, WV ●Beckley, WV ●Union City, TN ●Paris, TN for the 2017 trip.

Please list the radio listening area of the child/family here: ___

How did you hear about us? _____

Date of Application: _____

Section 1: Nominated Child's Information

Name of child: _____

Male or Female

(First)

(Middle)

(Last)

If applicable, nickname of child: __

Birth date: __ MM/DD/YYYY Age: Developmental age: Weight: __

Address of child: __ Street Address Apt. # City/State/Zip Code

Home phone: __

Section 2: Person Nominating the Child

Name: __

Relationship to applicant: __

Address: __ Street Address Apt. # City/State/Zip Code

Home phone: Cell phone: __ Email: _____

Section 3: Parent or Legal Guardian's Information

Name of parent or legal guardian:

Relationship to applicant:

Address if different from child:

Home/Cell:

Email:

Is English your first language? Yes__No __ _

If no, what is your first language:_____

Please list addresses for the past 5 years if different from above:

Other Parent/Guardian Contact Information:

Name: __

Relationship to Parent or Legal Guardian as listed above: __

Home Phone: Cell Phone: __ Email: __

Is English the parents' first language? Yes__ No __

Other Parent/Guardian Information:

With whom does the child currently reside: Both Parents/Guardians____Mother Father __
Legal Guardian _____ Other __

If the parent/guardians(s) listed on the application and/or filling out the application do not have 100% custody of the children attending the trip, please explain. __

Employment Information:

Please list the Company Name, Position, and Dates for the last 3 years

Name of Mother's (or guardians) Employer: __

Name of Father's (or guardians) Employer: ____

Annual gross household income: (*Families may be asked to verify income through previous Tax Returns.*) ____

Section 4: Information Regarding Child's Medical Condition

What is your child's diagnosis? _____

Please give a short description of your child's illness: _____

Please give a short description of the medical treatment/attention your child is currently receiving:

What do you have to do to care for your child? _____

Does your child have any travel restrictions? Yes ____ No ____ If yes, please explain: _____

List any medications your child is currently taking: _____

Does your child require a wheelchair? Yes _____ No _____

- a. If yes, do they use it all of the time or for distance only? All of the time _____ Distance only _____
- b. If yes, is the wheelchair Manual _____ Electric _____?
- What is the wheelchair make and model? _____
- What is the wheelchair weight and dimensions? _____
- Can the child be transferred out of the wheelchair for transportation? Yes _____ No _____

Does your child require oxygen? Yes _____ No _____ if yes: As needed: _____ Continuous _____

Does your child require a nebulizer? Yes _____ No _____ if yes: As needed: _____ Daily _____

Does your child require any other special medical equipment on a daily basis?

Does your child require any specialized medical care that must be provided by a nurse or physician on a daily basis?
Yes _____ No _____ if yes, please explain: _____

Name of child's primary care pediatrician: _____

Phone number of primary care pediatrician: _____

Name of Hospital Affiliation: _____

Emergency Contact Information – Someone other than parent/legal guardian listed above.

Name / Relationship: _____

Home Phone: _____

Cell: _____

Work Phone: _____

Email: _____

Section 5: Past Trip Information:

Has your child ever visited: Walt Disney World? Yes _____ No _____ If yes, what year? _____

List all family members who have visited Walt Disney World: _____

Is your child on any list for a trip to Walt Disney World or anywhere else? Yes _____ No _____

Has your child ever received a trip from any other organization? Yes _____ No _____

If yes, what trip(s) has your child received? _____

Section 6: Family Information

Only immediate household members of the child and the legal guardian(s) filling out this application will be eligible.

<u>Name (First, Middle, Last)</u>	<u>Relationship</u>	<u>Age</u>	<u>Birth Date</u>	<u>T-Shirt Size</u> (Youth XS, S,M,L or Adult S,M,L,XL,2XL, 3XL)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does anyone in the family have any food or drug allergies? Yes ___ No ___ If yes, please explain:

Besides the applicant, are there any other family members residing in the same household as the child with an illness or disability? Yes _____ No _____ if yes, please explain the disability and the relationship to the child:

Would you be able to attend an informational meeting about the trip in the fall of 2017? Yes ___ No ___

Would your family be able to travel in the fall of 2017? (date pending)? Yes _____ No _____

Section 7: Release

As the person completing this application, I certify that the information contained in this application is correct, truthful and complete. I authorize Ace & TJ's Grin Kids to investigate these statements and references and authorize the release of such information without liability. I understand that if my applicant is chosen for the trip and attends and any of these statements are not true, I will be liable for all expenses associated with the trip.

All fields of this application must be filled out to be considered for Ace & TJ's Grin Kids.

Signature of Person Completing Application

Signature of Parent or Legal Guardian

Print Name of Person Completing Application

Print Name of Parent of Legal Guardian

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Please have the child's physician complete the medical questionnaire (section 8) and email or fax to us directly. Mail your original application to the address listed above.

Note: This application will be considered without regard to race, color, religion, national origin, sex, disability or marital status.



Section 8: Medical Questionnaire

Filled out by the child's Parent or Legal Guardian:

Name of child applying for Ace & TJ's Grin Kids: __

Name of parent/legal guardian: __

Home Phone: _____

Cell: __

Email address: __

I consent for _____ to release medical information to Ace & TJ's Grin Kids.

Physician's Name

Signature of Parent/Legal Guardian and Date

What is Ace & TJ's Grin Kids?

Ace & TJ's Grin Kids is a non-profit 501(c) (3) charity, created by radio morning show personalities Ace & TJ in Charlotte, NC January 2000. The charity was designed to enhance the lives of terminally ill and chronically handicapped children in our listening areas ages 5 through 12, by taking them & their entire family on a once in a life time trip to Disneyworld. 5 day all-expense paid vacation including air travel, ground transportation, Disney Park Hooper passes, meals, hotel rooms at a Disney Resort, Meet & Greet with some of the famous Disney Characters and Disney Dollars for souvenirs. Grin Kids is funded exclusively by listener donations, fundraising events, and corporate donations.

Filled out by the child's Physician: Your patient has applied for our 2017 trip to Disney World. Please answer the following questions and email it to: liana@grinkids.org or fax to#704.966.8204

1. What is this child's primary diagnosis? _____

2. This is a: serious chronic illness __ terminal illness _____ birth defect __ _____
impairment due to an injury or accident__ _____Other (specify)

3. What is the child's developmental age? __ _____

4. Is it safe for this child to participate in a five-day trip to Walt Disney World? Yes _____ No _____

5. Will a trip in the fall of 2017 (dates pending) interfere with medical treatment? No __
Yes _____

6. Is this child able to travel by airplane? Yes _____ No _____

*****Please indicate any additional concerns or restrictions on a separate sheet of paper.

Signature of Physician

Date