



**ANTHONY RIZZO®**  
FAMILY FOUNDATION

*One of the objectives of the Anthony Rizzo Family Foundations is to provide monetary support to deserving families who are battling cancer. The Foundation provides grants to minimize the financial hardship that is directly attributable to the disease.*

**APPLICATION FOR FINANCIAL ASSISTANCE**

\*Patient must be in active treatment to qualify

Name of patient: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender: \_\_\_\_\_

Legal Guardian Name (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

Annual household income: \_\_\_\_\_

Requested grant amount: \_\_\_\_\_



Intended use of grant (please provide bills to be paid, if applicable):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian Signature (if under 18): \_\_\_\_\_

*By signing this application, you are agreeing to allow publication of your child's name and medical condition by The Anthony Rizzo Family Foundation. Additionally, by signing this, you are giving your medical professionals and Anthony Rizzo Family Foundation permission to share medical information about your child's case. Finally, by signing this, you are consenting to allow The Anthony Rizzo Family Foundation to share your application with other organizations in an effort to, potentially, gain additional funds for you.*



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**MEDICAL INFORMATION**

(to be completed by hospital social worker)

Patients Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Please describe the child's medical condition and anticipated hospital stay:

Name and Title (please print): \_\_\_\_\_

Social Worker's Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* By signing this application, you are attesting to the accuracy of the information on both pages, to the best of your knowledge. Fraudulent applications may result in your institution being deemed ineligible for this program. Please be sure that the entire application is complete before submitting it. Incomplete applications will be returned to you.*

**Email completed form to [info@rizzo44.com](mailto:info@rizzo44.com)**