



Kids Cancer Alliance

Transportation Assistance Application

The Transportation Assistance Program began as a way to assist families with transportation costs to and from our programs. We would not want a camper or family to miss out on memories and friendships because of financial strain.

Camper Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

This camper will be attending: ONCOLOGY CAMP SIBLING CAMP FAMILY RETREAT TEEN WEEKENDER

Parent/Guardian Name: _____ Phone : _____

- Please make sure that the address listed above is the address that the camper will be traveling from, this will be used to calculate your assistance. Assistance will be provided in the form of a gas card.

Reference

Please have a member of your care team, either doctor, nurse or social worker, sign below that attests that your family is in financial need and would benefit from additional assistance to attend KCA programs..

Full Name: _____ Phone: _____

Position: _____ Email: _____

Disclaimer and Signature

I understand that by accepting this assistance, I will make every effort to ensure my child it able to attend camp, and I will return the gas card provided they do not attend. I give permission for the above reference be contacted, if there is any additional information needed to process this request.

Signature: _____ Date: _____

Additional Information

The transportation assistance program is funded by the generosity of donors to Kids Cancer Alliance. To calculate assistance we use the above listed address and the address of the program. We use that mileage to get a roundtrip estimate and use the average gas cost, and provide a gas card. The assistance card, is for GAS ONLY and cannot be used for snacks, drinks, etc. Your application must be received at least **two weeks** prior to the start of the program. Once received, your request will be reviewed and you will be contacted if you are approved.

Please send completed applications to: Kids Cancer Alliance, P.O. Box 24337, Louisville, KY 40224. For questions about this program contact us at 502.365.1538 or by email programs@KidsCancerAlliance.org