

PHOENIX WORLD BURN CONGRESS FINANCIAL ASSISTANCE APPLICATION

Applicant Information

Applicant Name (first & last) _____ Date of Application _____
Date of Birth ____/____/____ Email Address _____
Phone Number _____ Street Address _____
City _____ State _____ Zip Code _____
Please Indicate: Burn Survivor Family Member Other _____
Additional Applicants (Parent, Legal Guardian, Family Members: _____

The following questions are for data collection purposes only and do not affect the outcome of assistance.

Legal U.S. Resident? Yes No Gender Female Male Other

Ethnicity African American/Black Asian Caucasian/White Hispanic/Latino
 Native American Pacific Islander Other

Please complete the below information if you are the designated contact or caretaker of the burn survivor. If the survivor is under 18 years of age, it is REQUIRED for consideration of application.

Contact or Guardian's Name _____ Phone _____

Burn Information

Date of Injury ____/____/____ Areas Burned _____ %TBSA _____

Please describe the nature of how the injury occurred:

Was the survivor's home destroyed or made uninhabitable by the accident? Yes No

Financial Information

Household Income (per year):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$20,000 or under | <input type="checkbox"/> \$41,000 - 50,000 | <input type="checkbox"/> \$71,000 - 80,000 |
| <input type="checkbox"/> \$21,000 - 30,000 | <input type="checkbox"/> \$51,000 - 60,000 | <input type="checkbox"/> \$81,000 - 90,000 |
| <input type="checkbox"/> \$31,000 - 40,000 | <input type="checkbox"/> \$61,000 - 70,000 | <input type="checkbox"/> Over \$91,000 |

Number of people in household _____ Is survivor the main breadwinner? Yes No

Does survivor have government insurance or disability benefits? Yes No *If yes, please describe:*

Have you attended a prior Phoenix World Burn Congress? Yes No If yes, when? _____

Have you or any of your family members previously received financial assistance from any source to attend Phoenix World Burn Congress? Yes No

If yes, please describe the name of the individual or organization who provided the aid, how much was received and how it was used.

From	Amount	Used For
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other funding sources have you identified to support (help pay for) your attendance at Phoenix World Burn Congress?

- | | |
|---|--|
| <input type="checkbox"/> Scholarships or grant(s) | <input type="checkbox"/> Fundraising (ex: garage sale, social media campaigns) |
| <input type="checkbox"/> Outside source (ex: support groups, hospital or firefighter organizations) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal savings | <input type="checkbox"/> None |
| <input type="checkbox"/> Family support | |

Do you plan to drive or fly to the conference? Drive Fly

Request for Assistance

Please mark the type of assistance for which you are applying:

- Registration Fees Hotel/Lodging Costs Flight/Transportation Costs Other _____

Please explain how your healing journey has led to your desire to attend Phoenix World Burn Congress. What would you like to gain by attending Phoenix World Burn Congress?

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Please mail or email application to:
Mo Kan Burn Foundation
Attn: Anita Johnson
PO Box 211
Lone Jack, MO 64070
mokanburnfoundation@gmail.com

FOR MKBF USE ONLY:	
<i>Application Received:</i> _____	<i>Aid Given:</i> _____
<i>Completed Correctly:</i> _____	<i>Notes:</i> _____