

# The Zachary Johnson Kids with Cancer Fund

## Request for funds:

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Accredited  
Facility \_\_\_\_\_ Address \_\_\_\_\_

Please describe how these funds will be used. Grants are made up to \$2,000.00.

Submit request to:

Riverwood Foundation  
200 Bunker Hill Dr.  
Aitkin, MN 56431

