



# CCWF "DREAM MAKERS"

## CHILD NOMINATION FORM



DigitTree Of Hope Digital Art by Karen Koski

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

### Family Information:

a) Child's name and age:

\_\_\_\_\_

b) Parents/Guardians name, address, phone number and email:

\_\_\_\_\_

\_\_\_\_\_

c) Primary language spoken: \_\_\_\_\_

Has this child ever received a prior donation from any other wish granting organization? If so, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical Information:

a) Primary Diagnosis: \_\_\_\_\_

b) Approx. Diagnosis date: \_\_\_\_\_

c) Physician/hospital or treatment facility name, address, phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child's Dream if known:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child related to a CCWA member: Yes / No. If yes, please provide relationship:

\_\_\_\_\_

Brief description as to why you believe this child should be a candidate for their dream to be fulfilled. Attach additional information if necessary. (Please attach picture of child).

\_\_\_\_\_

\_\_\_\_\_

### Your Name, Chapter and Contact Information:

\_\_\_\_\_