



Grant A Wish Wish Application

This wish application must be completely filled out and sent in by US mail. **Grant A Wish, Inc** is a not for profit, tax exempt, 501 (c)(3) organization that grants wishes to needy, disabled and abused children. **Grant A Wish, Inc** was founded by Anne Blair in 1981, to help make a difference in the lives of children. We strive to make improvements by granting a child's wish. Christmas wishes are granted through our **Annual Holiday Gift Program** and are for preselected agencies only. Wishes are granted on a one time basis, and additional wishes can not be granted until a period of one year has passed from the date of the last wish. Unless you are signed up with one of our other programs. We grant wishes for infants up to 16 years of age and up to the age of 21, if you are physically or mentally challenged. **According to the webster dictionary what is a wish: A Wish is a longing or a desire for something.** Our desire is to help children, we want to fill wishes that are reasonable and attainable. Any request can be made to our wish committee, who ultimately will decide which wishes will be granted. We appreciate every request for a wish and we will make every effort to grant your desired request. Many wishes are of a material nature and require financial expenditures on our part to grant the wish.

Our Website: grantawishincchicago.org

Email: info@grantawishincchicago.org

(To request a wish you must have a needy, disabled or abused child.)

WISH APPLICATION (One application per child)

Date of application: ___/___/2018

Name of Applicant _____ **Address** _____ **City** _____ **State** _____

Zip Code _____ **Contact #**() _____ **Email Address:** _____ **@** _____

Age of Child ___ **Sex** ___ **What is your ethnicity?** _____ **What school do you attend?** _____ **Grade** ___ **Guardian or Parent(s)**

Name _____

Does your family receive public assistance? Yes ___ No ___ **Do your parents Rent?** Yes ___ No ___

Do your family own your own home? Yes ___ No ___ **Is the applicant child: Needy** ___ **Disabled** ___ **or Abused** ___

If the applicant is disabled, what is the disability? _____

Describe your wish request? _____

How did you hear about our Wish Program? _____

Will you be able to pick up your wish, if granted? Yes ___ No ___

Why do you think you want Grant A Wish to grant this wish? (attach explanation, if needed)

Are you interested in receiving information from Grant A Wish, Inc by mail, fax or email? Yes ___ No ___

Are your guardians interested in volunteering for Grant A Wish, Inc? Yes ___ No ___

Additional information can be obtained on our website for the other programs that we offer. We also are seeking donations to help us continue to grant wishes to our children. We all should do our part to help make this world a better world for the future of children.)

For Official Use:

Date Received ___/___/2018 **Wish Committee Review Date** ___/___/2018 **Wish Number 2018-** _____

Will Wish be granted? Yes ___ No ___ **If no what was the reason for the decline?** _____

Response letter sent? Yes ___ No ___ **Wish Availability Date** _____

GAW Wish Authorization by _____ **Title** _____ **Date Signed:** ___/___/2018