



Jorge Nation Foundation, Inc.

Dream Trip Application

2016-2017 Application Year

(See below for Requirements)

(Please type or print, answer all fields to the best of your ability & then follow all directions)

All medical and private information obtained is considered confidential and is not discussed with any third parties unless it is necessary for the Dream Trip and the applicant's parent(s) or legal guardian(s) has/have given JNF consent.

Name of Dream Trip Applicant: _____ **Age:** _____

Applicant's DOB: _____ **SSN:** _____

Birth Place: _____

Address: _____ (city, state) _____ (zip) _____

Tel: () _____ - _____ **Email:** _____

School (if applicable): _____ **GPA (if applicable):** _____

Twitter, LinkedIn, or Facebook: (Circle if Yes)

Names of Parents/Guardians of Dream Trip Applicant: _____

Relationship(s) to Applicant: _____

Address: _____ (city, state) _____ (zip) _____

Tel: () _____ - _____ **Email(s):** _____

Occupation(s): _____

Employer(s) Name and Address: _____



Employer Tel: () ____ - ____ Employer(s) Email(s): _____

Requester's Name (if different): _____

Relationship to Dream Trip Candidate: _____

DOB: _____ SSN: _____

Address (if different than applicant's): _____

(city, state) _____ (zip) _____

Home Tel: () ____ - ____ Work Tel: () ____ - ____ Cell Tel: () ____ - ____

Email: _____

Twitter, LinkedIn, or Facebook: (Circle if Yes)

EMERGENCY CONTACT: _____

Relationship to Applicant: _____

Address (if different than applicant's): _____

(city, state) _____ (zip) _____

Tel: () ____ - ____ Email: _____

List all scholastic achievements and awards of the Dream Trip candidate, if any: (Use additional sheets if necessary)

List all extracurricular activities of the Dream Trip candidate, if any. Please indicate whether they are school or non-school related; include honors, awards or special recognition: (Use additional sheets if necessary)



List favorite activities and special interests, hobbies and sports, of the Dream Trip candidate:
(Use additional sheets if necessary)

Brief description of Dream Trip candidate's medical condition, illness, disability, or hardship:

Description of all medical providers of Dream Trip candidate with knowledge of above:

Description of the candidate's ideal Dream Trip (see requirements below), please provide detailed information about the request including dates requested, and members of the family, their relationship to the candidate, and their ages, which would attend with Dream Trip candidate: (Use additional sheets if necessary)

If there are any circumstances that you feel have created a need for financial assistance in order for the Dream Trip candidate to be awarded a Dream Trip, please explain: (Use additional sheets if necessary)

Please identify any members of your family (include their relationship to you or the applicant) who have been awarded any similar dream trip, wish, or charitable contribution from JNF or any other organization:

Additional comments that JNF should consider in considering candidate's Dream Trip application:



DREAM TRIP REQUIREMENTS:

In order to receive a Dream Trip through the Jorge Nation Foundation, Inc. a Dream Trip candidate must meet the following requirements:

- Candidate must be between the ages of 3 – 18 years.
- Dream Trips occur during one or more of the following seasons: Spring, Summer, and Fall/Winter, and may be scheduled to coordinate with school schedules.
- The applicant must be suffering or suffered from a serious illness, terminal, or life-threatening condition; and provide medical documentation and clearance for travel to the desired Dream Trip destination, and related activities, together with this application.
- The applicant must be accompanied with parent(s)/guardian(s) on Dream Trip, and execute a release and disclaimer prior to attending a Dream Trip.
- The applicant or any other family member may not have had prior Dream Trip, or related charitable trip, granted through the Jorge Nation Foundation or any other dream/wish granting organization.
- All Dream Trip applicants and their family members attending the Dream Trip must complete the Jorge Nation Foundation’s release/waiver of liability form.
- The Dream Trip must be the dream of the applicant.
- The applicant may select any “Dream” destination he/she wishes to visit within the United States or Western Caribbean, including traveling to a theme park, attend a concert, visit a major sporting event, take a cruise, visit a city or monument, national park, zoo or sea aquarium, all subject to the Jorge Nation Foundation’s discretion and budget.
- The applicant must be a resident of the State of Florida, and reside in South Florida.
- Dream Trips must be completed within three (3) months following their approval. After that time, a new application must be submitted for re-approval by the Foundation.
- All medical and private information obtained is considered confidential and is not discussed with any third parties unless it is necessary for the Dream Trip and the applicant’s parent(s) or legal guardian(s) has/have given written consent.

SPECIAL INSTRUCTIONS:

Your application *will not be complete* nor considered unless, along with this application, you submit ALL of the following:

1. Medical statements from the Dream Trip candidate’s medical providers confirming the applicant’s condition or illness, if applicable; and
2. Medical clearance from the Dream Trip candidate’s physician(s) for the desired Dream Trip destination; and
3. Proof of Identification for the applicant, if any, and parent(s)/legal guardian(s); and
4. A brief written statement discussing why the applicant should be considered for the Jorge Nation Foundation’s Dream Trip, including a description of the applicant’s illness or



medical condition and a description of the applicant's desired Dream Trip. Add anything you think will be helpful to the Dream Trip Committee in its confidential consideration of your application. Please limit the written statement to two (2) pages total, double-spaced, and twelve (12) font.

PLEASE NOTE: We may require additional information from you and/or the Dream Trip candidate, including documentation from his/her medical providers, in connection with the Dream Trip Application.

PLEASE SUBMIT YOUR APPLICATION TO:

Mail to: **Jorge Nation Foundation, Inc.
Attn: Ruben E. Socarras, President
197 S. Federal Highway, Suite 300
Boca Raton, Florida 33432**

Email to: **info@jorgenation.org**

You will be notified via email once we receive your application. If you have any questions, you may e-mail them to: info@jorgenation.org.

I hereby certify all information submitted above to the Jorge Nation Foundation, Inc. is true and accurate.

Signature

Date

Please visit our website www.jorgenation.org for more information on the Jorge Nation Foundation, Inc., upcoming events, volunteer opportunities, ways to donate, sponsorship opportunities, networking information, and much more. Please note, the Jorge Nation Foundation, Inc. relies on medical professionals, friends of the community and parents for referral of eligible children for a Dream Trip. If you would to refer a child for a Dream Trip, please email us at info@jorgenation.org. Thank you so much for your application!