



Jorge Nation Foundation, Inc.

Dream Trip Application

(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 Candidate: _____ **Age:** _____

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

Birth Place: _____

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

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

Current School (if applicable): _____

Names of Parents/Guardians of Dream Trip Candidate: _____

Relationship(s) to Candidate: _____

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: _____

EMERGENCY CONTACT: _____

Relationship to Applicant: _____

Address (if different than applicant's): _____

(city, state) _____ (zip) _____

Tel: () ____ - _____ Email: _____

List all extracurricular activities of the Dream Trip candidate, if any: (Use additional sheets if necessary)

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

Brief description of Dream Trip candidate's medical condition, illness, disability, or hardship: (Use additional sheets if necessary)



Description of all medical providers of Dream Trip candidate with knowledge of above: (Use additional sheets if necessary)

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 the Dream Trip candidate's 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: (Use additional sheets if necessary)

Additional comments that JNF should consider in considering candidate's Dream Trip application: (Use additional sheets if necessary)



DREAM TRIP REQUIREMENTS:

In order to be eligible to participate in a Dream Trip through the Jorge Nation Foundation, Inc. a Dream Trip candidate must meet the following minimum 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 or parent’s 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 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, Central America 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 absolute discretion and its budget at such time.
- 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 and all necessary authorizations must be submitted for re-approval by the Foundation.
- 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.
- All Dream Trip applicants, family and participants that will attend the Dream Trip must fully complete the Jorge Nation Foundation’s release/waiver of liability form prior to the Dream Trip.
- 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) who 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 dates ; 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 or the family, in connection with the Dream Trip Application before we grant a Dream Trip to a candidate.

PLEASE SUBMIT YOUR APPLICATION VIA MAIL OR EMAIL TO:

Mail to: Jorge Nation Foundation, Inc.
Attn: Ruben E. Socarras, President
197 S. Federal Highway, Suite 200
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

JNF is a non-profit 501(c)(3) organization based in South Florida that is committed to raising funds to send children and their families on once-in-a-lifetime all-inclusive Dream Trips to destinations of their choice with itineraries of their selection. JNF partners with Joe DiMaggio Children's Hospital and Nicklaus Children's Hospital for the purpose of referring and selecting JNF Dream Trip candidates. Please visit our website www.jorgenation.org or Facebook for more information on the Jorge Nation Foundation, Inc., upcoming events, completed Dream Trips, volunteer opportunities, ways to donate, sponsorship opportunities, 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!