



## John McLean HERO Award 2016 Application Form

\*Please fill Application form out completely and send in with Essay Entry.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Sibling's Diagnosis & Treatment Status: \_\_\_\_\_

Sibling's Treatment Hospital: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parents Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

Parent's Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

School Principal: \_\_\_\_\_

If selected as an award winner, I commit to attending the Luncheon Program on Friday, May 20, 2016.  
Please pick one: YES \_\_\_\_\_ NO \_\_\_\_\_