



John McLean HERO Award 2017 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 12, 2017.

Please pick one: YES _____ NO _____