

***Raleigh and Raylee Angel Ride Foundation***  
***P. O. Box 578***  
***Daphne, AL 36526***  
***(251) 626-2653 (251) 928-2838***

The mission of the ***Raleigh and Raylee Angel Ride Foundation*** is to assist parents/guardians of children with chronic degenerative illnesses in Mobile and Baldwin Counties and surrounding areas. The assistance provided is for expenses incurred for special medical and health care needs of the afflicted children.

The ***Raleigh and Raylee Angel Ride Foundation*** currently has a disbursement limit of \$2,000.00 per request per 12 month period.

Name of Child Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Date of Child's Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

**(If different from Child Applicant)**

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of

Diagnosis: \_\_\_\_\_

Medical Procedure: \_\_\_\_\_ Location: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

The following items should accompany request:

1. Physician's Statement
2. Documentation to Substantiate Request
  - a. Lodging: \$\_\_\_\_\_ No. of Nights:\_\_\_\_\_ Other:\_\_\_\_\_
  - b. Travel: Mileage\_\_\_\_\_ Air Fare:\_\_\_\_\_ Other:\_\_\_\_\_
  - c. Medications:\_\_\_\_\_
  - d. Medical Equipment: Copy of Purchase Order: \$\_\_\_\_\_
  - e. Established Financial Need
  - f. Other:\_\_\_\_\_
3. List of Other Financial Aid Applied For
4. Copy of the first two pages of your latest tax return

**RELEASE**

In consideration of the payment of any award granted to me pursuant to this application, I hereby grant to the ***Raleigh and Raylee Angel Ride Foundation, Inc.*** (“the Foundation”) the right to use or publish information regarding the award made to me, including, but not limited to, my name, my child’s name, any photographs taken in connection with the granting of the award to me, the award amount, and the city and state in which I live. I hereby completely and fully release the Foundation, its directors, officers, agents and employees, of and from any and all claims or damages of every kind in connection with the Foundation’s use and publication of such information.

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RECIPIENT

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Date

(PLEASE SIGN AND RETURN WITH APPLICATION.)