



Team Campbell Bereaved Parent Trip Program Application

Campbell's family knows firsthand how the loss of a child to cancer can affect the entire family, especially the parents. The Team Campbell Foundation ("TCF") Bereaved Parent Trip Program looks to provide parents who have lost a child to cancer with an opportunity to reconnect as a couple and continue the healing process.

Parents will be given a list of possible vacation options to choose from. Our program will provide airfare from the Continental United States, and all-inclusive accommodations. The TCF Board will work with the parents to find dates that work best for them.

If you would like to be considered for this program, please complete the attached application, and forward to your social worker or oncologist for his/her statement and signature. The completed form should be returned to familyassistance@teamcampbellfoundation.org.

Applications will be considered as they are received. Team Campbell Foundation will contact parents within 30 days of receipt of the application.

The Team Campbell Foundation was formed in late 2014 in memory of Campbell Hoyt, who courageously battled Anaplastic Ependymoma, a rare cancer of the brain and spine, for 5 years before passing away in August of 2014 at the age of 8. The mission of the foundation is to improve the lives of families facing a childhood cancer diagnosis through raising awareness, funding research and providing psycho-social enrichment opportunities.

Sincerely,

The Team Campbell Foundation
PO Box 556
Bernardsville, NJ 07924

IMPORTANT! Please make sure you follow these instructions completely. Incomplete applications cannot be processed. Please type or print VERY neatly. The following items are required to complete your application:

- Email address of the social worker or oncologist
- Copy of child's Death Certificate

Mail or Email Completed Application To:

Team Campbell Foundation
PO Box 556
Bernardsville, NJ 07924

familyassistance@teamcampbellfoundation.org

Questions ? Email info@teamcampbellfoundation.org

Patient's Name:	
Diagnosis:	Date of Death:
Age at Diagnosis:	Age at the time of Death (Attach Death Certificate):
Primary Treating Hospital:	
Street Address:	
City, State, Zip	Country
Treating Oncologist's Information:	
Name:	
Phone:	Email:
Social Worker Information:	
Name:	
Phone:	Email:

Team Campbell Foundation Bereaved Parent Trip Program

Parent(s)/Guardian Name(s):		
Mailing Address		
City	State	Zip
Email Address	Phone Number	

Media Release Form

I hereby give my permission for the Team Campbell Foundation and/or its representatives to use photographs, audio or video recording of each parent and to use our first names, these images or voice recordings in publications, slides, videotapes, motion pictures or on the internet.

I understand that these visual images or voice recordings will be used to inform families, volunteers, the media and general public about Team Campbell Foundation's mission, programs, services and events.

I gladly give this authorization to support the efforts of Team Campbell Foundation. I understand that this authorization shall continue until terminated in writing.

Parent Names:

Parent Signatures:

Address:

Date: _____