

Date:

The Loyalty Fund
Application

Name of family member(s) with special needs:

Social Security #:

Date of birth:

Name of Parents/Guardian:

Family's address

Phone #:

Pediatrician's name:

Phone #:

Reasons for requesting assistance from The Loyalty Fund (include information on the impact of the special need on the family):

Fill out and return to:

The Loyalty Fund

PO Box 7188

Knoxville, TN 37921