

**Hair For You Foundation**  
255 N. Buffalo Grove Road, #7366  
Buffalo Grove, IL 60089

www.HairForYouFoundation.org

Tel: (224) 543-6533  
Fax: (224) 802-3880

info@HairForYouFoundation.org



# Hair For You Foundation

www.HairForYouFoundation.org

## APPLICATION FORM

### Applicant's Information

Applicant's Full Name

Applicant's Gender  Female  Male Current Age

Street Address

Street Address Line 2

City  State  Zip Code

Phone Number  E-Mail

### Parent/Guardian's Information

Parent/Guardian's Full Name

Phone Number  E-Mail

### Treating Physician's Information

Physician's Full Name

Street Address

Street Address Line 2

City  State  Zip Code

Office Number  Fax Number

### Wig Supplier's Information

Business' Name

Representative's Full Name

Street Address

Street Address Line 2

City  State  Zip Code

Phone Number  E-Mail

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### **Authorization and Release**

I grant Hair For You Foundation, without compensation and in-perpetuity, the right to use personal statements or photographs or video or audio recordings of me or my child or ward submitted or taken or recorded throughout the application process and thereafter for commercial purposes in any media controlled by it, whether now or hereafter existing, without further approval and with or without identification of me or my child or ward. I will hold Hair For You Foundation harmless from any claims by me or my child or ward arising out of such use of said personal statements or photographs or video or audio recordings.

Furthermore, all e-mails, images, and videos of Hair For You Foundation are the property of Hair For You Foundation and can be used for promotional consideration.

Applicant's Full Name

Date



Applicant's Signature \_\_\_\_\_

### ***If applicant is under the age of 18 years of age:***

Parent/Guardian's Full Name

Date



Parent/Guardian's Signature \_\_\_\_\_

### **Personal Statement**

In narrative form and on a separate form or word document, please explain why you need financial assistance and the impact, importance, and benefits of receiving a hair wig due to medical hair loss. This section can be completed by the applicant or family, if necessary. We highly recommend to submit in typed form to prevent any processing delays due to illegibility.

When you are complete, attach your personal statement to this application upon submitting.

Check when complete.

### **Applicant's Photo**

Please attach a current photograph.

Check when complete.

### **Treating Physician's Referral Letter**

Please use the attached Referral Letter provided to be filled out and signed by your treating physician.

This can either be attached to this application or your physician can fax or mail it to us separately.

Check when complete.

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### Confirmation

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. By submitting my application, I will receive full consideration, but I understand that I may not be selected as a recipient of the Hair For You Foundation's financial assistance.

I understand that if chosen as a financial assistance recipient, I must provide (1) my birth certificate or equivalent identification with confirmation of date of birth, as well as (2) a photograph of myself with the wig purchased with the funds provided by the Hair For You Foundation.

Furthermore, your application will be reviewed to make sure all required information has been received. If there is any missing information, we will contact you via e-mail. Your application will not be fully reviewed until the application is complete.

All applicants will be notified by e-mail upon receipt of their application and status following the review process.

Applicant's Full Name

Date



Applicant's Signature \_\_\_\_\_

### ***If applicant is under the age of 18 years of age:***

Parent/Guardian's Full Name

Date



Parent/Guardian's Signature \_\_\_\_\_

Confirmation E-Mail

### **How to Submit the Application**

This application can be submitted by the following forms:

**(1) E-MAIL:** You can fill out the PDF form and save to your local disk (e.g. desktop or my documents). Print the saved application and sign where indicated. The application can be e-mailed as an attachment along with the other required information such as the applicant's photo and personal statement. **Please submit application to [application@HairForYouFoundation.org](mailto:application@HairForYouFoundation.org).**

**(2) FAX:** Using the provided cover sheet, fax the completed and signed application along with all other required information to:

(224) 802-3880

***Please e-mail or mail applicant's photo to avoid any image distortion.***

**(3) MAIL:** Mail the completed and signed application along with all other required information to:

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## FACSIMILE TRANSMITTAL

To: Hair For You Foundation

From:

Fax: (224) 802-3880

Sender's Fax #:

Date:

E-Mail:

# of Pages:  (Including cover page)

Re:

Please select included items with fax:

Application     Personal Statement     Referral Letter     Other, specify:

Additional Notes:

# Confidential

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