



## KYLE BROUSSARD MEMORIAL FUND

### **PURPOSE**

The Kyle Broussard Memorial Fund was established to assist families from Southwest Louisiana with children receiving treatment for cancer.

### **REQUIREMENTS**

Applicants must:

- Reside in Allen, Beauregard, Calcasieu, Cameron or Jeff Davis Parish.
- Apply only for children who are up to 21 years old and currently receiving cancer treatment.
- Be employed.
- Be covered by health insurance.

### **REVIEW CRITERIA**

In making its decision, the Distribution Committee will use the following criteria:

- Financial need
- Treatment prognosis

### **APPLICATION DOCUMENTS**

Applicants must present:

- A completed application form
- A copy of the family's most recent signed federal 1040 income tax form
- A copy of health insurance cards with benefits information
- Proof of current employment
- A written diagnosis and prognosis from child's physician
- Estimated out-of-pocket expenses

### **QUESTIONS**

Contact Lisa Verrette, Community Foundation of Southwest Louisiana President/CEO, at 337/491-6688. You may also email Lisa at [lverrette@foundationswla.org](mailto:lverrette@foundationswla.org) or fax information to 337/491-6710.



COMMUNITY  
FOUNDATION  
*of Southwest Louisiana*

## KYLE BROUSSARD MEMORIAL FUND APPLICATION

### **PERSONAL INFORMATION**

Child's Name:

Address:

City:

State:

Zip:

Parish of Permanent Residence:

Birth Date:

Physician:

Diagnosis:

Hospital where being treated:

### **FAMILY INFORMATION**

Father's Name:

Address:

City:

State:

Zip:

Employer:

Nature of Employment

Annual Income:

Mother's Name:

Address:

City:

State:

Zip:

Employer:

Nature of Employment:

Annual Income:

Circle One:

Married

Separated

Divorced

Applicant presently living with:

Please provide the following information on all children in the family:

Name:

Age:

School:

Living at home?

Working?

**FINANCIAL INFORMATION/ASSETS**

Home:                      Rent                      Own

Home Equity (Current Market Value Less Outstanding Mortgage):

Bank Accounts (checking, trusts, etc.):

Savings Accounts and Bonds:

Stocks and Other Investments:

Retirement Plans:

TOTAL:

Please provide a list of additional expenses experienced by your family as a result of your child's medical condition.

**CERTIFICATION**

We hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of our knowledge. We authorize the Kyle Broussard Memorial Fund – Distribution Committee to verify any and all facts provided in this application.

Parents' Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Make sure to include with this application all additional materials mentioned under the "Application Documents" section above.**