



marsha leigh foundation

Experience Application

## Step 1 - General Information

### **Individual Submitting the Application:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to the Potential Experience Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

### **Potential Experience Recipient:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State of Residence: \_\_\_\_\_

Select Current Annual Household Income: \_\_\_\_\_ \$150,000/year

## Step 2 – Recipient and Experience Information

Briefly Describe the Potential Experience Recipient’s Situation (e.g., diagnosis and any other information relevant to our determination in granting the Experience):

Briefly Describe the Experience Envisioned (e.g., event, vacation, concert, etc.):

List Names and Ages (Children Only) of Individuals Intended to Participate in the Experience with the Experience Recipient:

Please Submit this Application to [info@marshaleighfoundation.org](mailto:info@marshaleighfoundation.org).