



SPONSORSHIP APPLICATION – INCLUSION PROGRAM

The Q&A Foundation of Wisconsin provides sponsored community activities to children with special needs to promote the experience of joy, build their confidence and to promote inclusion. Applicants must reside in Wisconsin and be 21 years of age or younger.

Instructions

The submission of an application must include the items outlined on the Checklist. Applications are reviewed on a biannual basis, in May and October, for distribution to happen in June and November each year. Application and supporting documents can be emailed to theqandafoundation@gmail.com year round.

Date of Application: _____ Received by Q&A Foundation: _____

Child's Name: _____ Gender: _____ Child's Birth Date: _____

Race/Ethnicity of Child: White/Caucasian Black/African American Hispanic or Latino
 Native American or American Indian Asian/Pacific Islander Other _____

Name of Person Completing Application: _____ Relation to Child: _____

Address: _____ City: _____ State: _____ Zip code: _____

Email Address: _____ Phone Number: _____

Who has legal custody of this child? _____ (*Name and relationship*)

Address (*where child resides*): _____

Email Address of Parent/Guardian: _____ Parent Phone #: _____

Father's occupation and place of employment: _____

Mother's occupation and place of employment: _____

Household yearly income: _____

Please provide the most recent submitted tax statements

Please indicate the number of dependents in the child's family: _____

Referred to the Q&A Foundation By: _____

Has this child received assistance from the Q&A Foundation in the past? _____

Please explain Medical Diagnosis: _____

Please list the interests and abilities of this child: _____

Please list below the Physician/Therapist: Physical–Occupational-Speech, etc. that can provide helpful information about your child’s condition. By doing so, you consent to let the Q&A Foundation contact them for information if needed. _____

Please provide a brief description in the space provided of the child’s situation, and the benefit the requested experience in our community would provide to them:

Please provide a recent photo of your child.

INCOME WORKSHEET

In addition to completing this worksheet, you must also include a copy of the first page of your most recent federal tax return as submitted to the IRS.

1. Parent/Guardian's name, occupation & place of employment:

2. Parent/Guardian's name, occupation & place of employment:

3. I/We earn (gross pay - before taxes) \$ _____ weekly every 2 weeks monthly
 annually ***Please include all sources of income (e.g., wages, rental income, etc.)*

4. Members of the family receive the following amounts each month from:

Please total amounts received for all members of the household. If a different amount is received each month, please list the average amount.

\$ _____ Pension
\$ _____ Social Security/SSI/SSDI
\$ _____ Unemployment Compensation
\$ _____ Child Support/Alimony
\$ _____ Other: _____

5. The child/family currently receives:

- Medical Assistance
- Children's Waiver
- Family Support Program
- Supplemental Security Income
- Food Stamps/FoodShare
- Benefits for veterans
- Other public assistance _____
- Other funding sources _____

6. The income stated above supports a household of _____ (total number of) people.

I understand that if my financial situation changes, I must notify the Q&A Foundation immediately. I attest that all the information provided is true and accurate.

Signature is required of all parent(s)/legal guardian(s).

Parent/Legal Guardian Name *Signature* *Date*

Parent/Legal Guardian Name *Signature* *Date*

RELEASE OF LIABILITY

In consideration of the receipt of a community experience awarded by the Q&A Foundation, _____, (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges the Q&A Foundation, their members, employees and officers (hereafter collectively referred to as "Q&A Foundation") from and against any and all claims, of any type, which arise from or are related to:

- 1) any injury that occurs at the community experience provided
- 2) any allegation that the experience was not appropriate or suitable for the Recipient;
- 3) any other matter, of any type, related, in any way, to the Recipient's experience of the award

The Q&A Foundation is in no way responsible for any unexpected costs incurred at the community event or related to injury that may occur. Travel is not included, unless stated, and must be provided by the parent/guardian. The Q&A Foundation is not responsible for replacement of awards/activities if the individual misses an event or experience. The Q&A Foundation has no direct affiliation with awards and is therefore not responsible for the actual outcome of any event provided.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

(Signature is required of all legal guardians.)

I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of the Q&A Foundation.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

(Signature is required of all legal guardians.)

AUTHORIZATION TO USE NAME AND LIKENESS

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of a community experience from the Q&A Foundation may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize the Q&A Foundation: (a) to publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner the Q&A Foundation chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the experience from the Q&A Foundation.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for the Q&A Foundation or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases the Q&A Foundation from and against any and all claims, of any type, which arise from or are related to Q&A's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from the Q&A Foundation.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

(Please note that your signature is not required on this form for the application to be considered by the Q&A Foundation. However, we do require photos of your child with their awarded experience. Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with disabilities and to continue our programs.)

SPONSORSHIP APPLICATION – INCLUSION PROGRAM ELIGIBILITY CRITERIA CHECKLIST

(Application will not be reviewed until all required information has been submitted)

- The applicant child must be between 0 and 21 years of age.
- The applicant child must reside in the State of Wisconsin.
- The applicant must have a physical, intellectual, or sensory disability documented by a physician.
- All applicants must submit a completed Sponsorship Application with all necessary attachments.
- Details of your child's interests and abilities explained in detail in above forms.
- Proof of household income (both pages of the 1040 tax return with social security blacked out) and/or any government financial aid documents for all legal guardians.
- Picture of the child.