

*BOSTON BURRITO FOUNDATION, INC*

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

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

PARENTS INPUT

Parent's Comments: (Include what is your greatest need at this point that you would like help from the fund with? (For example; utilities, mortgage, specific equipment and their amounts. If possible please include a copy of the bills also)

Are Parents Working? \_\_\_\_\_

Siblings & Ages: \_\_\_\_\_

List any help received from Hospital/Fundraisers: \_\_\_\_\_

How did you hear about the Boston Burrito Foundation?: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

*Please use this area for any additional comments or considerations you would like Boston Burrito Foundation, INC. to make.*

---

---

---

---

---

---

---

---

---

---

---

---

This form can be emailed to:  
Kosinski.april@gmail.com  
or mailed to:  
Boston Burrito Foundation, INC  
74 Sciarappa St.  
Cambridge, MA 02141

Feel free to follow up with an email to be sure we received your application and it is being reviewed.