

THIS APPLICATION IS REQUIRED TO BE CONSIDERED FOR JFHD SPONSORSHIP – SELECTED APPLICANTS MUST BE FULLY APPROVED BY HIGHLAND CANINE, LLC TO RECEIVE FUNDS FROM JFHD.

JOG FOR HENRY’S DOG SPONSORSHIP APPLICATION

Parent / Guardian Information

Name _____ Parent / Guardian (circle one)

Street Address: _____

City _____ State _____ Zip _____

Home phone (___) _____ - _____ Cell (___) _____ - _____ Other (___) _____ - _____

Email Address _____

Name _____ Parent / Guardian (circle one)

Street Address: _____

City _____ State _____ Zip _____

Home phone (___) _____ - _____ Cell (___) _____ - _____ Other (___) _____ - _____

Email Address _____

Child’s Information

Name _____ D.O.B _____

Sex (circle one) Male Female

School Name _____ Public / Private (circle one)

Street Address: _____

City _____ State _____ Zip _____

Office phone (___) _____ - _____ County _____ District _____

Medical Information

Primary Diagnosis _____

Age at time of Diagnosis _____

Secondary Diagnosis _____

With whom does the child live? _____

How many hours per week is the child in school or therapies _____

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What types of therapies is the child currently involved in (including special programs at school)

Please describe the most significant symptoms of your child’s condition and how it affects the child:

(Attach sheet if necessary)

How do you see a service dog helping your child?

(Attach sheet if necessary)

How did you hear about the Jog For Henry’s Dog organization? _____

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The information on this application is correct to the best of my knowledge. I understand that this **preliminary application** is required to be considered for sponsorship with the JFHD organization. I understand that I must be fully approved by Highland Canine Training, LLC to receive funds from JFHD.

Applicant signature _____ Date _____

Print Name _____ Relationship _____