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## PARENTS APPLICATION FORM

(Please read application instructions before completing)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

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

Best time and place to call: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

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

Best time and place to call: \_\_\_\_\_

Name(s), dates of birth and relationship of other family children: \_\_\_\_\_

\_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker Comments: \_\_\_\_\_

Has applicant ever applied for and/or received a wish from any not-for-profit organization including the Marty Lyons Foundation?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please detail: \_\_\_\_\_

Agency: \_\_\_\_\_ Wish: \_\_\_\_\_ Date of wish: \_\_\_\_\_

Child's "Special Wish" (Be specific): \_\_\_\_\_

Parent/Guardian Comment: \_\_\_\_\_

**I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_