



Bill & Janelle Neubauer  
12632 Big Kandi Drive  
Lake Lillian MN 56253  
320-905-4623  
[www.timorthfoundation.org](http://www.timorthfoundation.org)

The Tim Orth Memorial Foundation is a non-profit organization established to provide financial assistance to children 0-18 years of age who are facing substantial medical expenses as a result of a serious accident or illness. All recipients will be determined by the Tim Orth Memorial Foundation selection committee.

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Contact Name & Numbers: \_\_\_\_\_

Email Address \_\_\_\_\_ Have Medical Insurance? Yes or No

Diagnosis - \_\_\_\_\_

Please describe the medical condition of this applicant and why he/she should be considered as a recipient \_\_\_\_\_  
\_\_\_\_\_

Please list other fundraisers already held or being held for applicant \_\_\_\_\_  
\_\_\_\_\_

Name of School District and Contact Person \_\_\_\_\_

Name of Community Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Applicant and I agree to use the awarded funds for the medical/health related needs of the recipient approved by the Tim Orth Memorial Foundation.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant and I agree that the Tim Orth Memorial Foundation and all individuals associated with the Foundation will not be held liable for any accidents, injuries or lawsuits related to the fundraising, promotion and/or money raised for my child.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Foundation has permission to use the above information and/or photographs for promotion purposes \_\_\_\_ Yes \_\_\_\_ No (If yes, please include one or two photos of applicant)