



"Sweet Dreams"

DREAM ROOM APPLICATION

Sweet Dreams Foundation was founded in 2006 with the mission to improve the Quality of Life of Children who have been diagnosed with a life threatening disease through the creation of their Dream Room.

"When you lie down, you will not be afraid. When you lie die, your sleep will be sweet." Proverbs 3:24

Thank you for your interest in the Sweet Dreams Foundation "Dream Room Program". In order to be considered for selection your child must be between 2-17 years of age and has a life threatening disease or chronic medical condition that threatens the life of the child. To apply, please submit this application along with no more than 5 recent photographs and a video of your child. We understand that not everyone has access to a video camera. If you are unable to make a video of your child, please let us know. See below for further instructions on submitting your video. Feel free to attach on a separate page a discussion of any other information that you believe would be helpful to your child's nomination. Selection of our sponsored children for their "Dream Room" is based on the following criteria:

Medical condition 50%
Child's dream room concept 40%
Financial need 10%

Each application will be reviewed by the Board members of Sweet Dreams Foundation. We understand that you may have questions about the process and we will try to respond to your inquiries to the best of our ability. Any materials, including photographs and videos, you send to us **will not be returned** and becomes the property of Sweet Dreams Foundation. Please **do not** send original photographs or videos. You do not need to be the parent or legal guardian of the child you are nominating. If you are nominating a child you know, please include the contact information of the child's parent or legal guardian in the Application. If you are nominating a child that you don't know, but have heard about, please provide the information that you do have and Sweet Dreams Foundation will attempt to locate the child. We will attempt to follow up with the child's parents/legal guardian to determine if they are interested in participating in the program. **Do not submit any financial or any other private information if you are not the child's parent or legal guardian.** There will be a separate place for you to provide Sweet Dreams Foundation with your information.

Have a blessed day,
Sweet Dreams Foundation

FAMILY INFORMATION

Today's Date: _____ Family Name: _____

Child's Name: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Marital Status: S / M / D / W

Do you own your own home? Y / N

Are you authorized to work in the U.S.? Y / N

Is your Household Income less than \$75,000? Y / N

*Proof maybe required.

Employer's name and phone number:

1. _____
2. _____
3. _____

Have any members of you household ever been convicted of felony or misdemeanor? Y / N

If yes, please describe nature of the crime and county and state of:

List ALL members currently living in the household (Including yourself):

Age Name DOB Relationship Occupation / Education Level

1. _____ / / _____
2. _____ / / _____
3. _____ / / _____
4. _____ / / _____
5. _____ / / _____

Diagnosis of your child?

Type of treatment? _____

Location of treatment?

Is there an empty room available for Sweet Dream Foundation to create the child's Dream room? Y / N

If yes where in the home is the room located?

Please describe what kind of volunteer work or community service your family has been involved in: _____

Does anyone in the household have a Myspace, Facebook, Blog or Website of any kind? Y / N

If YES please list all:

Did you upload a video to the Internet or Sweet Dreams Foundation website? Y / N

Have you included pictures with your application? Y / N

Guidelines for Entering Video

Videos are limited to 3 minutes in length. The video should include a brief introduction of your child. While it doesn't need to be professional, we should be able to clearly see your child faces and hear his/her voices. . If you do not want to have your child's face on camera, please make sure to record his/her voice and the room to be designed. Please don't include the last name of the child in the video or on the voice record.

***Reminder - Anything you send to us will not be returned and becomes the property of Sweet Dreams Foundation.**

By submitting this completed application, you acknowledge and agree that if your child is selected by Sweet Dreams Foundation, the child cannot use or otherwise look at his/her bedroom until Sweet Dreams Foundation has completed the "Dream Room Project". Additionally, you authorize and consent to Sweet

info@sweet-dreams.org

PO Box 1233 Folsom Ca 95763

www.sweet-dreams.org

Dreams Foundation's use of any and all items submitted with your application to promote and raise funds for your child's dream room and/or the promotion of Sweet Dreams Foundation. This may include posting submitted items on Sweet Dreams Foundation's website.

QUESTIONS FOR THE CHILD

What would your Dream room be?

What are your favorite colors?

What is your favorite movie?

What activities do you like or would like to do in your room?

What would you like to keep in your room?

QUESTIONS FOR THE PARENTS

How would you describe your child's Dream room?

Is there anything in the child's current bedroom that has to stay in the Dream room?

Does the child have any allergies? If so, please list any allergies in the space provided.

IF YOU ARE NOT THE PARENT OR LEGAL GUARDIAN OF THE CHILD YOU ARE NOMINATING, PLEASE INCLUDE YOUR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ Cell Phone: (____) _____

E-mail: _____

Relationship to the Family: _____

If selected to participate, you may be filmed, videotaped and photographed, and your child's name, image, voice and likeness may be used in or publicize by Sweet Dreams Foundation or any of its partners, but Sweet Dreams Foundation is in no way obligated to, use any such materials in or in connection with any advertisements, promotions, marketing, merchandising, or in any other manner.

By signing below, you waive any rights of privacy or publicity in connection with Sweet Dreams Foundation and certify that all information stated by you on this Application Form is true and correct.

(Signature) Relationship to Child: _____

Date: _____

(Signature) Relationship to Child: _____

Date: _____

*Both parents' signatures required if present

Thank you for taking the time to fill out our application. Please mail application back to:

*Sweet Dreams Foundation
P.O. Box 1233
Folsom, CA 95763*