



VISUAL ARTS HELPINGHANDS FOUNDATION

www.visualartshelpinghands.org

3-A Montivar Building, 34 Jupiter corner Planet Streets, Bel Air, Makati City

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Application Form for Medical Assistance

PART I – APPLICANT'S INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Contact Information: _____ (mobile number)

Reminders:

Please attach the following documents to this application:

- ◆ Letter of request for financial assistance from the patient.
- ◆ Photocopy of identification card with latest picture of the requesting person with his/her signature indicated at the back.
- ◆ Submission of CV as a Visual Artist as part of certification process.

Applicant Signature over Printed Name

PART II – CERTIFICATION of HelpingHands Foundation member

I attest that the information I provided in this Form is true and accurate to the best of my knowledge.

Name of HelpingHands Foundation Member: _____

This is to certify that the Applicant is a visual artist that I have known for the past ____ years. He/She has been admitted in hospital and getting treatment for his/her medical condition.

Signature Over Printed Name

For further inquiries, please contact: info@visualartshelpinghands.org