



**APPLICATION FOR A DREAM
FOSTER OR LOW INCOME CHILD**

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Have you been granted a wish by another organization? YES NO
(If No, skip to the next page of questions)

If yes, what organization provided the wish? _____

If yes, what was the date, time and place of your wish? _____

Please describe in detail the wish you were granted.
(Feel free to use a separate sheet of paper)



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Please explain why Macdonald Family Charity should grant this dream request?

What is the dream Macdonald Family Charity can help come true? Please give as many details as possible. (Feel free to use a separate sheet of paper)



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Please list the child's preferences in the information requested below:

Favorite color:

Favorite toy:

Pets (kind and names):

Favorite food:

Favorite restaurant:

Favorite activity:

Favorite candy:

Favorite animal:

Favorite sports team or athlete:

Favorite soda pop:

Favorite song:

Favorite singer:



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Favorite band:

Favorite movie:

Favorite TV show:

Favorite TV star:

Please provide any additional information regarding the child or the dream request:

FOR OFFICE USE ONLY:

Date received: _____

Date entered to online database: _____

File name: _____**.pdf**

Committee's decision: _____