



National Children of Courage Award Application Form

Childs Full Name:.....

Address:.....

Home No:.....Mobile No:.....

Illness/Disability:

Date of Birth:.....Wheelchair (Yes/No):

Hobbies & Interests:.....

Brothers/Sisters (Names & Age):.....

.....

Name of Hospital/School/Centre Where Attending:.....

.....

Nominators Signature:.....

Parent/Guardian Name:.....

Parent/Guardian Signature:.....

Date:.....

**Your Application should be accompanied by a letter no more than 200 words
of why this child is a Child of Courage.**