



## Fly Again Dream Vacation Request Application

Dear Fly Again Dream Vacation Applicant,

The Lisa Marzullo Fly Again Foundation is a 501(c)(3) founded in 2021 with a mission to “Give Flight to the Fight” by granting Dream Vacations to young adults battling breast cancer.

We realize that each person’s breast cancer journey is different, and we are honored that you are sharing your story with us. While we cannot grant Dream Vacations for each applicant at this time, please know we have a volunteer committee that reviews each application with care and respect.

When making your Dream Vacation request, please keep in mind that we require at least four (4) months of planning from the time of selection to fulfill your Dream Vacation. (We will select and notify the Recipient in summer 2024.). Therefore, we are unable to fulfill any requests for travel that begin before October 2024. This is due to the travel industry being strained from high travel demand and because each Dream Vacation is personally customized.

The selected Dream Vacation Recipient(s) will be notified personally upon their selection. Those who are not selected will also be notified, so additional correspondence is not necessary.

**Dream Vacation applications close April 15, 2024, at 11:59pm EST.**

Best of luck!

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The Lisa Marzullo Fly Again Foundation team

***Note that this application and any signatures provided do NOT guarantee the Applicant will receive the trip.***

## PLEASE READ BEFORE STARTING APPLICATION:

- Travel Applicant must be 18 years of age or older and no older than 40 years of age at the time of application submission.
- Travel Applicant and Travel Companion must be a resident of the United States.
- Please read this form very carefully and follow all of the instructions to complete the steps necessary.
- You will find many answers to your questions in our Frequently Asked Questions section, but feel free to reach out to [info@wewillflyagain.org](mailto:info@wewillflyagain.org) with any other questions.
- Please submit all required information to <https://www.wewillflyagain.org/apply-to-fly>; **incomplete applications will be denied.** If you require special assistance to submit your application, please email us at [info@wewillflyagain.org](mailto:info@wewillflyagain.org) and we'll try our best to find a solution.

## We do not grant the following types of Dream Vacations:

- Requests from individuals living outside the USA and Puerto Rico
- Surprise Dream Vacations
- Cash/Financial assistance
- Cruises
- Hunting excursions
- Skydiving or bungee jumping excursions
- Reimbursements
- Travel to any country or region considered a Level 3 or above travel advisory by the Department of Homeland Security
- Travel to a high-risk COVID-19 location
- Medical treatment/supplies/equipment transport
- Funeral expenses or posthumous requests
- Any Dream Vacation request in violation of the rules, policies or procedures of our organization or that of our corporate partners

The maximum dollar value of the Dream Vacation, if granted, is up to the sole and absolute discretion of the Lisa Marzullo Fly Again Foundation, but is typically \$15,000 (including travel insurance).

## Application Requirements:

- When submitting online at <https://www.wewillflyagain.org/apply-to-fly>, you will need to submit the following:
  - Completed application, including medical information and HIPAA Form
  - A photograph of you
  - Personal letter about why you'd like a Dream Vacation
  - Video of yourself
    - Note: We understand if you prefer to not be on camera due to treatment. In that case, we would accept an audio message. If you are unable to speak, then please email the team at [info@wewillflyagain.org](mailto:info@wewillflyagain.org) and we'll come up with a solution.
  - Proof of annual household income
- **Photograph of you:** Must be clear and taken within the past year that represents your breast cancer battle, love of travel, and/or what makes you you.

- **Personal letter:** Your letter should:
  - Be 1-2 pages
  - Clearly describe the following:
    - What “Fly Again” means to you
    - What your Dream Vacation would be
      - What would a Dream Vacation mean to you
      - Who do you want to travel with and why
      - When you would like to travel
    - Your breast cancer story and battle
      - Your courageous spirit
- **Video:** Up to 90-seconds telling us why you want to Fly Again and go on a Dream Vacation. (The same applies if you are submitting an audio message.)
  - Accepted formats are AVI, MPEG, MPG, MPE, MP4, MKV, WebM, MOV, OGV, VOB, M4V, 3GP, DivX, XVID, MXF, WMV, M1V, FLV, M2TS
  - Upload size limit is 15MB
- **Annual Income:** Please provide a copy of the signature page of your most recent tax return (Form 1040) or other proof of annual household income (e.g. SSI, Disability Statement or Bank Statement). Note that any Social Security numbers can be blacked out/redacted.

## Frequently Asked Questions:

The Lisa Marzullo Fly Again Foundation is a 501(c)(3) founded in 2021 that aims to instill much needed hope into young adults battling breast cancer with a chance to Fly Again with a Dream Vacation. We receive no state or federal funding, relying instead on the generosity of our donors to fulfill Dream Vacation requests.

### Who is eligible for a Dream Vacation?

- The Dream Vacation Applicant must be between the ages of 18 to 40 at the time of application submission.
- The Dream Vacation Applicant must be actively undergoing breast cancer treatment or has gone through treatment within the past 6 months at the time of application submission. Treatment includes, but is not limited to, chemotherapy, radiation, mastectomy.
- The Dream Vacation request must come from the adult diagnosed with breast cancer who is seeking or has completed treatment.
- The Dream Vacation Applicant must be able to communicate the Dream Vacation and comprehend/participate in the Dream Vacation experience.

### What is a Dream Vacation?

- A Dream Vacation is a grant given by the Lisa Marzullo Fly Again Foundation for a young adult battling breast cancer and a travel companion of their choice.
- Typically, we cover air transportation (economy class only), accommodations (one hotel room/family room only), and travel insurance.
- The maximum dollar value of the Dream Vacation, if granted, is up to the sole and absolute discretion of the Lisa Marzullo Fly Again Foundation, but is typically \$15,000.
- Please also read what Dream Vacations we are unable to grant on page 2 of this application.

### Do I need to be actively having breast cancer treatment to receive a Dream Vacation?

- No. But you do need to have been through treatment within the past six months. Treatment includes, but is not limited to, chemotherapy, radiation, mastectomy.

### **Does it matter where I live in order to get a Dream Vacation fulfilled?**

- You have to live within the contiguous United States, Hawaii, Alaska or Puerto Rico.
- You need to be a US citizen, and need to currently reside in the United States or Puerto Rico.

### **What should I include in my application letter?**

- We want to know what “Fly Again” means to you, and we want to hear about your breast cancer story and battle, including your courageous spirit.
- We also want to learn about you, your Dream Vacation request, who you want to travel with and why. We want to know why your Dream Vacation is important and unique to you. Help us understand how this Dream Vacation would make an impact for you. The more detail you can offer, the better.

### **What format should the video (or audio message) be in?**

- Accepted formats are AVI, MPEG, MPG, MPE, MP4, MKV, WebM, MOV, OGV, VOB, M4V, 3GP, DivX, XVID, MXF, WMV, M1V, FLV, M2TS.
- Upload file size limit is 15MB.

### **Is there a particular time that I can request my Dream Vacation?**

- When making your Dream Vacation request, please keep in mind that we require at least four (4) months of planning from the time of selection to fulfill your Dream Vacation. Therefore, we are unable to fulfill any requests for travel that begin before October 2024. This is due to the travel industry being strained and because each Dream Vacation is personally customized.

### **How long does it take until I get my Dream Vacation?**

- We plan to notify the Dream Vacation Recipient by summer 2024. After that, verification, including a background check, will take anywhere from a few days to several months, depending on the response time of your medical team/doctor.
- After an introduction call with our travel agent and team, we will begin working on the Dream Vacation request. Please allow at least four months of planning, including arranging air travel. This is due to the travel industry being strained and because each Dream Vacation is customized.
- While we will do our best to start working on your Dream Vacation as soon as possible, we cannot rush your request for reasons other than medical necessity.

### **What do I need to be able to travel?**

- You need a major credit card or debit card with enough funds to cover expenses such as meals and ground transportation, as well as the unforeseen cost associated with a hospital stay and getting home in case of an emergency.
- If your Dream Vacation request includes a hotel stay, you will need a credit card at check-in to cover incidentals. If using a debit card for hotel check-in please be aware that a hold will be put on the card from the hotel. Often the blocked funds will not be released until about a week after your stay.
- You need a valid government issued picture ID.
- You will need a valid passport if traveling out of the U.S.
- Your doctor needs to approve your travel. We may reach out to your doctor to best assess your medical needs and make sure that you are cleared for travel.

### **How is my application reviewed and judged?**

- We understand that a lot of time goes into applying and it can be emotionally taxing. The Lisa Marzullo Fly Again Foundation Review Board takes their job very seriously. Applications are read carefully and thoughtfully.
- What our Review Board looks for in applications is a spirit that closely aligns with our namesake and inspiration, Lisa Marzullo. We also consider the passion behind your wanting a Dream Vacation in your personal letter and video. Additionally, we take into account financial need.

### **Who can be part of my Dream Vacation?**

- The Dream Vacation will be for the Dream Vacation Applicant and the Applicant's one Travel Companion.
- The Travel Companion must be physically able to travel.
- If the Travel Companion is under the age of 18, then the Applicant must be the parent or legal guardian.
- Any additional people would be responsible for their own trip planning/cost.

### **What is included in a travel Dream Vacation?**

- Typically, we cover air transportation (economy class only) as well as accommodations (one hotel room/family room only).
- A limited number of excursions.
- Ground transportation to and from the airport.
- A travel stipend for meals and entertainment to be used at the applicant's discretion.
- Travel insurance.
- We provide travel based on your location and at our discretion.
- The maximum dollar value of the Dream Vacation, if granted, is up to the sole and absolute discretion of the Lisa Marzullo Fly Again Foundation, but is typically \$15,000.

### **Why do you need my tax information? I do not file taxes, can I still apply? What's the income limit to qualify?**

- While financial need isn't a main criteria for selection, it is a consideration. We look at the taxable income, take into consideration how many people live in the household, geographic location, and also review if the personal letter talks about financial hardship.
- We are requesting your tax information in order to verify your income.
- If you don't file taxes, just let us know about it and if you can, include an SSI, disability statement or a bank statement.
- If you have further questions, please reach out to us at [info@wewillflyagain.org](mailto:info@wewillflyagain.org).

### **Why do you need my medical information?**

- We want to ensure the applicant meets the requirements for a Dream Vacation, in addition to being able to travel safely.

### **What if I have special medical needs?**

- We are unable to assist with medical needs, such as ambulance transportation, oxygen, medical equipment, nurses and aides, dialysis, etc.
- We are unable to arrange or provide hospice care away from home, dialysis treatments, or arrange for your oxygen needs.
- Should you have a medical emergency during your Dream Vacation, we are unable to assist in any way.

**Filling out the application:**

- Anyone can fill out the application, but we need to make sure that this is the patient's Dream Vacation, not someone else's for the patient.
- Anyone can write the Dream Vacation letter, as long as it reflects the patient's Dream Vacation.
- The applicant has to be able to communicate his/her/their Dream Vacation, so if a patient is unconscious or unresponsive, we are not able to help.
- The original application has to be submitted online via <https://www.wewillflyagain.org/apply-to-fly>

**Please keep in mind – the Lisa Marzullo Fly Again Foundation reserves the right to its sole and absolute discretion to cancel/change preparation or fulfillment of the Dream Vacation at any time if the organization feels the Dream Vacation will endanger the health or safety of the Recipient. Therefore, we ask that all Dream Vacations requests be realistic for the Recipient and for the Lisa Marzullo Fly Again Foundation to fulfill.**

# Step 1: Applicant General Information

**Applicant's Full Legal Name** (please include middle name, if applicable):

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**Preferred Name/Nickname:**

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**Email:**

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**Street Address/City/State/Zip:**

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**Best Phone Number to Reach You** (please include area code):

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**Second Best Phone Number to Reach You** (please include area code):

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**Date of Birth** (Must be over 18):

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**Gender Identity and Pronouns** (Optional):

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**Ethnicity** (Optional):

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**Military Veteran** (Optional): Yes No

If yes, please list branch and dates of service:

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**Clubs, Organizations You Are a Member Of** (Optional):

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**What Are Your Social Media Handles?** (Please be on the lookout for a request from the Fly Again Foundation to follow you.):

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

TikTok: \_\_\_\_\_

Other: \_\_\_\_\_

**What Do You Like to Do For Fun?:**

\_\_\_\_\_  
\_\_\_\_\_

**Present/Most Recent Employer** (please include City and State):

\_\_\_\_\_

**Current Annual Household Income:** \_\_\_\_\_

**If You're Unavailable, Who Can We Contact?** (please include name, relationship and best contact information):

\_\_\_\_\_

**When Were You First Diagnosed with Breast Cancer?** (MM/YY): \_\_\_\_\_

**What is Your Current Breast Cancer Diagnosis?:**

\_\_\_\_\_

**When Was Your Most Recent Breast Cancer Treatment?:** \_\_\_\_\_

**How Did You Hear About the Lisa Marzullo Fly Again Foundation?:**

\_\_\_\_\_

**Independent of being granted a Dream Vacation, do you grant the Lisa Marzullo Fly Again Foundation the rights to share your breast cancer story, Dream Vacation request, photo(s) and/or video (or audio message) with our community (e.g. social media, donors)?**    Yes, I allow.    No, I do not.

**Signature of Applicant and Date:**

\_\_\_\_\_







What would a Dream Vacation mean to you? \_\_\_\_\_  
\_\_\_\_\_

Has Applicant ever been granted a Vacation by another organization? Yes No

If yes, which organization: \_\_\_\_\_

Is an application submitted or pending with another wish-granting organization? Yes No

If yes, where? \_\_\_\_\_

Name of Person Who Would Be Your Dream Vacation Companion:

\_\_\_\_\_

Dream Vacation Companion Date of Birth (*note that if the Companion is under the age of 18, then the Applicant must be the parent or legal guardian*): \_\_\_\_\_

Is Your Dream Vacation Companion a Spouse, Friend, Family Member - Tell Us How You Know Them & Why You Want to Travel with Them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dream Vacation Companion Street Address/City/State/Zip:

\_\_\_\_\_

Dream Vacation Companion Phone Number (please include area code):

\_\_\_\_\_

Dream Vacation Companion Email: \_\_\_\_\_

Does Applicant or Dream Vacation Companion have a well-funded credit or debit card? (may be needed for hotel/travel incidentals)  
Yes No

Does Applicant and Dream Vacation Companion have a valid driver's license or ID? Yes No

Does Applicant and Travel Companion have a valid passport that won't expire until at least 2026? (required for an international Dream Vacation request) Yes No

**Step 3: Medical Information** *(to be shared with your Physician overseeing your breast cancer treatment)*

**Dream Vacation Applicant's Name:**

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**Dream Vacation Applicant's Signature and Date:**

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**This Part To Be Completed By Physician Only**

**Physician's Name:**

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**Physician's Address** *(including City/State/Zip):*

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**Physician's Phone Number** *(include area code):*

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**Physician's Fax Number** *(include area code):*

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**Dream Vacation Applicant's Diagnosis:**

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**Is the Dream Vacation Applicant approved to travel? If not, then when would the Applicant be able to travel?**

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I certify that I am the treating physician of the Dream Vacation Applicant, and that my responses to the above questions are in fact true. I certify that my patient is of sound mind, and capable of signing legal documents. I have discussed (or will discuss) the Dream Vacation request with my patient and have deemed it safe and reasonable if his/her/their Dream Vacation is granted within the next four to twelve months.

**Physician, NP or PA Signature and Date:**

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**Title:**

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## Step 4: HIPAA FORM

*Authorization for Use/Disclosure of Protected Health Information.*

TO: (Please Provide Below: Physician Name, Physician's Address, and Physician's Telephone Number)

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RE: (Please Provide Below: Your Name/Patient Name and Date of Birth)

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I authorize the use and disclosure to the Lisa Marzullo Fly Again Foundation of protected health information about Patient as described below:

**Information that may be used/disclosed: All protected health information relating to Physician's assessments of:**

- A. whether Patient is medically eligible for the Lisa Marzullo Fly Again Foundation services; and
- B. if so, whether his/her/their desired wish is medically appropriate. In addition, Physician is authorized to fill out, sign and provide to the Lisa Marzullo Fly Again Foundation forms that the Lisa Marzullo Fly Again Foundation may require, including forms relating to Patient's medical eligibility, the requested Dream Vacation, and medical considerations relating thereto.

**Persons authorized to use/disclose the information:** The Physician identified above, as well as his/her/their authorized representatives.

**Persons authorized to receive the information:** Employees or other authorized representatives of the Lisa Marzullo Fly Again Foundation.

**Purpose for which information will be used/disclosed:** To enable the Lisa Marzullo Fly Again Foundation to obtain:

- A. physician's assessments regarding whether Patient is medically eligible to have a Dream Vacation granted by the Lisa Marzullo Fly Again Foundation and, if so, whether the requested wish is medically appropriate; and
- B. pertinent information relating thereto.

**Expiration date/event:** This authorization expires once Patient's Dream Vacation has been granted by the Lisa Marzullo Fly Again Foundation or a final determination has been made that Patient is not eligible to receive a Dream Vacation.

**Statements required by HIPAA:** In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

- A. I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization;
- B. I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

Patient Name, Signature and Date:

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## Completed Application Checklist:

Please use this list to check-off each step of the application before submitting (without these items your application will be denied):

- Step 1 and Step 2 of the application completed with ALL required information
- Step 3 of the application completed and signed by your doctor
- Step 4 HIPAA form completed and signed
- Personal Letter, 1- 2 pages clearly describing the Dream Vacation request
- Clear and recent photograph of you (within the past year)
- Up to 90-second video (or audio message) telling us why you want to go on your Dream Vacation
- Copy of the signature page of your most recent tax return or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement). Note that you can remove or blackout your social security number.

If you are not sure if your application is complete, please email us at [info@wewillflyagain.org](mailto:info@wewillflyagain.org), and we will happily answer your questions. If we receive an incomplete application, then it will be denied.

**No emailed applications will be accepted. You must submit at**

<https://www.wewillflyagain.org/apply-to-fly>