



"I learned at an early age that to be able to overcome many obstacles with CF, I needed to maintain my pulmonary medical care regimen and exercise daily. I have managed to rise above the CF hurdles and not look back, as I am NOT going to let this disease stop me from pursuing my dreams."

-Jerry Cahill, 54-years old, *LIVING, BREATHING, SUCCEEDING* with cystic fibrosis



APPLICANT INFORMATION		
Applicant Name:		
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
E-mail address:		
CF Center:		
City:	State:	ZIP Code:

EDUCATION INFORMATION	
Primary:	
City:	State:
Secondary:	
City:	State:
College:	
City:	State:
Post College:	
City:	State:

(If additional educational information, please provide on separate sheet of paper)



CAREER

BUSINESS:

CITY:	STATE:
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(If additional employment information, please provide on separate sheet of paper)

ACTIVITIES

ACTIVITY	NO. OF YEARS	AWARDS/HONORS

(If additional activities information, please provide on separate sheet of paper)

COMMUNITY SERVICES

ORGANIZATION	NO. OF YEARS	AWARDS/HONORS	DESCRIBE INVOLVEMENT

(If additional community services information, please provide on separate sheet of paper)

Short Answer Section – Caregivers

1. Discuss your responsibilities as a caregiver and how that has affected your life?
2. What are some important personality traits a caregiver must have?
3. How do you keep a positive attitude and give moral support?
4. As a caregiver how do you approach all the therapy and medication routines?
5. How do you think caregivers affect the lives of those with CF?
6. What advice do you have for other CF caregivers?

Essay Section

Answer on separate sheet of paper.

People with CF:

1. Discuss the importance of compliance to CF therapies and what you practice on a daily basis to stay healthy.

2. Discuss your goals.

Caregivers:

1. Discuss what it means to you to be a CF caregiver.

2. Discuss your goals as a caregiver.

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will cause my application to be automatically disqualified from consideration. The Boomer Esiason Foundation may verify any and all of my application materials.

*Please note, by signing, you agree to be contacted directly by Club CF committee members. Any medical information you provide us will not be shared with a third party and will only be used to evaluate your submission.

Signature of applicant: _____ Date: _____

Name of applicant: _____

Please email digital picture to:
clubcf@esiason.org

Please submit the completed application form and documents to:
Boomer Esiason Foundation
Club CF
483 10TH Avenue, Suite 300
New York, NY 10018