



**Contact Information**

**Applicant**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_

**Nominator**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to DREAMS Applicant \_\_\_\_\_

*Note: must be 55 years or older to qualify.*

**DREAMS Details**

Describe the DREAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the story behind this DREAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would fulfilling this DREAM be life changing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional pages if necessary.*

## Personal Details

Describe the nominee's past/current occupation(s): \_\_\_\_\_

What are some of the nominee's interests, hobbies, and passions? \_\_\_\_\_

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What organizations or clubs does the nominee belong to? \_\_\_\_\_

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Are there any physical or cognitive impairment that may limit the participation in the *DREAM*? \_\_\_\_\_

Has this *DREAM* experience been granted by another organization? \_\_\_\_\_

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## Medical Verification

If the *DREAM* selected involves any extreme physical activity or travel, a Medical Verification Form signed by a physician will be requested from the *DREAM* recipient. There is no need to submit this at this time.

## Certification

I acknowledge that acceptance of this application by *DREAMS Come True* does not constitute a commitment to fulfill the *DREAM* request. If *DREAMS Come True* determines that this *DREAM* should enter the next stage of the process, a *DREAMS Come True* representative will be in touch for more information. I understand that this contact also does not constitute a commitment to make the *DREAM* come true. Furthermore, I declare that all of the information given by me in this application is true, and I agree to inform *DREAMS Come True* should any information provided in this application change.

## Disclaimer

*DREAMS Come True* will grant a limited number of qualified *DREAMS* applications. The decision to grant a *DREAM* is at the sole discretion of the *DREAMS Come True* Committee.

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**Please mail completed application to:**

### ***DREAMS Come True***

Casa Community Services by Posada Life  
780 S. Park Centre Ave.  
Green Valley, AZ 85614  
Phone: 520-393-6840

