



— LISA MARZULLO —  
**FLY AGAIN FOUNDATION**

## **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 2025. Therefore, we are unable to fulfill any requests for travel that begin before October 2025. This is due to the travel industry being strained from high 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, 2025, at 11:59pm EST.**

Best of luck!

-

The Lisa Marzullo Fly Again Foundation team

## 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@flyagainfoundation.org](mailto:info@flyagainfoundation.org) with any other questions.
- Submit all required information to [www.flyagainfoundation.org/apply-to-fly/application-submission](http://www.flyagainfoundation.org/apply-to-fly/application-submission)
  - Incomplete applications will be denied.
  - If you require special assistance to submit your application, please email us at [info@flyagainfoundation.org](mailto:info@flyagainfoundation.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
- Requests from non-United States citizens
- 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
- 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).

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# APPLICATION PROCESS OVERVIEW

Submissions are accepted online at:

[www.flyagainfoundation.org/apply-to-fly/application-submission](http://www.flyagainfoundation.org/apply-to-fly/application-submission). The application process consists of several essential steps, each of which is outlined in detail in the Application Steps & Details section of this document.

You will complete the application through an easy-to-follow online application process found at the link provided above. To successfully submit an application the eight steps below must be completed - **note: during the submission process, progress is temporarily stored during the current session only. If you exit or leave the session, all information will be lost, and you will need to start over. Progress cannot be saved for later use.**

- (1) Applicant Profile
- (2) Dream Vacation Request
- (3) Personal Letter
- (4) Video
- (5) Photo
- (6) Proof of Annual Household Income
- (7) Medical Information
- (8) HIPAA Form

**Step 1 & Step 2** will be entered directly into the application form found through the submission portal. Please carefully review the requested information ahead of time to ensure you're fully prepared to submit the necessary details during these steps.

For **Steps 3 through Step 8**, please ensure all required documents are completed and ready for upload. You will be prompted to upload these materials as part of the submission process.

## Important:

- All required information must be completed and uploaded before you can successfully submit your application through the online form.
- You will **not** be able to save your progress outside of a single session, so all items must be ready at time of submission.
- We recommend reviewing the necessary information in advance to ensure a smooth submission process.

Please thoroughly read through the entire application packet, such that you come prepared to submit your responses via the online application process.

## APPLICATION STEPS & DETAILS

Below is a detailed account of the information that will be required to successfully submit an application.

### STEP 1: APPLICANT PROFILE

All information for Step 1 will be collected through the online application form, where you will need to input the required details.

We recommend reviewing the necessary information in advance to ensure a smooth submission process.

Please note that some sections require both short- and long-form responses, so please have your typed answers prepared before you begin the submission process.

All fields are required unless otherwise noted.

#### **Step 1 Overview**

<b>Section 1: Personal &amp; Background Information</b>	Basic text input fields, no short- or long-form answers.
<b>Section 2: Getting to Know You - Interests and Community Involvement</b>	Section requires written responses to be entered into the online application form. Please prepare your answers in advance.
<b>Section 3: Dream Vacation Companion and Relationship Overview</b>	Section requires a written response to be entered into the online application form. Please prepare your answer in advance.

We have highlighted in **pink** specific questions in which you should prepare an answer in advance.

## Section 1: Personal and Background Information

This section is in place to collect essential information about you, the applicant.

### General Information

- First Name
- Middle Name
- Last Name
- Birthday (Must be over 18)
- Preferred Name/Nickname (Optional)
- Gender Identity and Pronouns (Optional)
- Ethnicity (Optional)
- Military Veteran (Optional)

### Contact Information

- Email
- Best Phone Number to Reach You
- Your Current Address
- If You're Unavailable, Who Can We Contact? (name, relationship and phone number)

### Employment & Income

- Present/Most Recent Employer
- City & State of Employer
- Current Annual Household Income

### Breast Cancer History

- When were you first diagnosed with breast cancer?
- What was your original diagnosis?
- What is your current breast cancer diagnosis?
- When was your most recent breast cancer treatment?

### Previous Vacation Grants and Pending Applications

- Have you ever been granted a vacation by another organization?
  - If yes, which organization?
- Is an application submitted or pending with another wish-granting organization?
  - If yes, where?

## Section 2: Getting to Know You - Interests and Community Involvement

These questions help us better understand who you are, both personally and in the breast cancer community. Your social media handles allow us to connect and engage with you, while your involvement in relevant clubs or organizations gives insight into your passions and commitment to breast cancer causes. Lastly, sharing what you enjoy doing for fun helps us get to know your personality beyond advocacy. Together, your responses provide a fuller picture of your experiences and community engagement.

### Breast Cancer Community Involvement

Please describe your involvement in the breast cancer community, including any organizations, events, or initiatives you've participated in and your role or contributions.

**(Short-form answer, with response between 150 and 200 words, or leave blank if no information is applicable)**

### Other Clubs, Organizations, or Causes

Please list any clubs, organizations, or causes you are currently involved with, including those related to your academic, professional, or personal interests. This could include volunteer work, advocacy groups, extracurricular activities, or any other community focused initiatives. Feel free to provide details on your role and contributions if relevant.

**(Short-form answer, with response between 150 and 200 words, or leave blank if no information is applicable)**

### What You do for Fun

What hobbies or activities do you enjoy in your free time, and how do they reflect your personal passions or interests? **(Short-form answer, with response between 150 and 200 words)**

### Social Media

What are your social media handles? Please be on the lookout for a request to follow from the Fly Again Foundation. *If there is no information to provide, you may leave this response blank.*

## Section 3: Dream Vacation Companion and Relationship Overview

This section is asking for essential contact and identification details of the applicant's chosen Dream Vacation companion. It also explores the emotional connection between the applicant and their companion, focusing on the meaningful aspects of their relationship, particularly the support the companion has provided during the applicant's breast cancer journey and in other important areas of life.

### Dream Vacation Companion Contact & Identity Details

- 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*)
- Dream Vacation Companion Address
- Dream Vacation Companion Phone Number
- Dream Vacation Companion Email

### Choosing Your Companion: The Meaning Behind Your Relationship & Their Support

Please share why you have chosen this specific person as your travel companion. How has your relationship with them been meaningful, and in what ways have they supported you, both during your breast cancer journey and in other significant aspects of your life?

**(Long-form answer; can be upwards of 300 words)**

### Travel Documentation and Readiness

- Does Applicant or Dream Vacation Companion have a well-funded credit or debit card? (may be needed for hotel/travel incidentals)
- Does Applicant and Dream Vacation Companion have a valid driver's license or ID?
- Does Applicant and Travel Companion have a valid passport that won't expire until at least 2027? (required for an international Dream Vacation request)



## STEP 2: DREAM VACATION REQUEST

### Dream Vacation Destination

Where is your Dream Vacation destination, and why have you chosen this specific location? Please share the story behind your desire to visit this place and what personal significance it holds for you. Additionally, let us know when you would ideally like to travel.

Please note, we are not looking for a travel itinerary in this section.

**(Long-form answer; can be upwards of 300 words)**

### Alternative Destination

Please choose an alternative location unrelated to the first option. If none is listed, then only the first Dream Vacation will be considered.

**(Long-form answer; can be upwards of 300 words)**

## STEP 3: PERSONAL LETTER

Please compose a personal letter, 1-2 pages in length, that reflects who you are and what defines you. We want to understand your unique spirit, what drives you, and what your journey has meant to you.

In your letter, please address the following:

- **What "Fly Again" means to you:** Based on reading about Lisa and our foundation's mission of Fly Again, how does the concept resonate with you personally? What does it mean for you to "Fly Again," and how does it connect to your own journey? Please refer to our mission statement and [Lisa's Boob Blog](#) for insight into how our mission was shaped by Lisa's spirit and determination.
- **Your Dream Vacation:** What would this vacation mean to you? What would it mean for you and your travel companion to embark on this journey together?
- **Your Breast Cancer Story:** Share your experience, the challenges you've faced, and how your journey has shaped who you are today, including the strength you've demonstrated and the role you've played in advocating for your own health along the way.
- **Your Courageous Spirit:** Highlight the resilience and hope that have defined your experience, and how these qualities shape your approach to life.

This is an opportunity for you to share your personal story and the meaningful experiences that have shaped your journey.

You will be prompted to **upload** your Personal Letter as part of the application submission process.

**Accepted Formats:** DOC, DOCX, PDF

## STEP 4: VIDEO

In addition to your personal letter, we kindly ask that you submit a short video (1-3 minutes) that allows us to better capture your essence and get to know you.

In this video, please provide an overview of your Dream Vacation request and share what this opportunity to 'Fly Again' means to you. We're interested in hearing about your vision for this trip, your travel companion, and any personal insights that will help us understand why this journey is so significant to you. This video is meant to complement your written responses and gives us a deeper connection to who you are.

Please 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@flyagainfoundation.org](mailto:info@flyagainfoundation.org).

You will be prompted to **upload** your file as part of the application submission process.

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

## STEP 5: PHOTO

Provide a **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.

You will be prompted to **upload** this photo as part of the application submission process.

**Accepted Formats:** JPG, PNG, GIF, JPEG, JPE, JFIF, BMP, HEIC, HEIF, TIFF, TIF, WEBP, AVIF, JPEG 2000 and RAW

## STEP 6: PROOF OF ANNUAL INCOME

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.

You will be prompted to **upload** this file as part of the application submission process.

**Accepted Formats:** DOC, DOCX, PDF, JPG, PNG, JPEG

### STEP 7: MEDICAL INFORMATION

To be shared and completed with your Physician overseeing your breast cancer treatment. You will be prompted to **upload** this completed form as part of the application submission process. **Accepted Formats:** DOC, DOCX, PDF, JPG, PNG, JPEG

Dream Vacation Applicant’s Name: \_\_\_\_\_

Dream Vacation Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

### This Part To Be Completed By Physician Only

Physician’s Name: \_\_\_\_\_

Physician’s Address (including City/State/Zip): \_\_\_\_\_

\_\_\_\_\_

Physician’s Phone Number (include area code): \_\_\_\_\_

Physician’s Fax Number (include area code): \_\_\_\_\_

Dream Vacation Applicant’s Diagnosis (please be more specific than “breast cancer”):

\_\_\_\_\_

\_\_\_\_\_

Is the Dream Vacation Applicant approved to travel? \_\_\_\_\_

If not, then when would the Applicant be able to travel? \_\_\_\_\_

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:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## STEP 7: HIPPA FORM

You will be prompted to **upload** this completed form as part of the application submission process. **Accepted Formats:** DOC, DOCX, PDF, JPG, PNG, JPEG

*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: \_\_\_\_\_

Patient Signature and Date: \_\_\_\_\_

## FAQs

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.
- Applicant must be a United States citizen.

### 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 their Dream Vacation, so if a patient is unconscious or unresponsive, we are not able to consider them for a Dream Vacation grant.

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

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

## 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.

## 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.

## 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 2025. This is due to the travel industry being strained and because each Dream Vacation is personally customized.
- All trips will need to be fulfilled by June 2026.

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

- We plan to notify the Dream Vacation Recipient by summer 2025. 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.

## 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/or 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.



## How is my application reviewed?

- 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.

## 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@flyagainfoundation.org](mailto:info@flyagainfoundation.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.

**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.**