



Choices
Attitude
Nutrition
Courage
Exercise
Recovery

Application for Financial Assistance

All information on this application is **CONFIDENTIAL**

Name (Last, First)		M.I.	Birthdate: MMDDYY
Physical Address		City, State	Zip Code
Mailing Address		City, State	Zip Code
Home Phone	Work Phone	Message Phone	
Email Address			
What type of cancer do you have?			
How will your condition or its treatment affect your ability to provide for your needs?			
Please describe assistance needed.			
Tell us how financial assistance would help you? Please provide receipts.			
How far do you need to travel for treatments and doctor appointments?			
Requested Amount: \$			
How did you hear about us?			
I have read and understand this form. I have provided correct and complete information.			
Applicant Signature: _____		Date: _____	
For Office Use Only			
The Cancer Outreach Committee determined this applicant is eligible for assistance.			
Board Chair Signature: _____		Date: _____	