

## **Grant Assistance Application**

Please read the attached Financial Assistance Policy in its entirety (separate from this application). This includes important information regarding the requirements for the application. Any incomplete applications will be denied and/or delayed. Applicants can request up to a maximum amount of \$2500.00 (not a guaranteed amount).

## **Applicant Information**

Application Date:	Amount Requesting:
Applicant's Name:	Marital Status:
Mailing Address:	City & Zip Code:
Home Phone: Length of	of time you have resided in Campbell County:
Date of Birth: Insurance source	zes:
Employment status:	Employer:
List ALL sources of household income (including	spouses/significant others):
Have you received additional funding (grant func	ling, fundraisers, etc.)? If yes, please explain
Treating Physician & Phone # :	Diagnosis:
Treatment: (please circle) Chemotherapy Rac	diation Surgery
	". How could the grant money help you financially? Include any board involvement etc.). You may attach additional pages if necessary.
condition as requested by the committee. I understant information and documents to the address shown at the addres	e Committee any additional information concerning my health or physical ad that my application cannot be processed until I have submitted ALL required the bottom of this application. By signing below, I certify that this request has nd this application and that the information given above is accurate to the best
Applicant's Signature:	Date:

Your application can be mailed (see below) or you can deliver it to the Heptner Cancer Center (Attention: Leigh Johnson). Please allow 4-6 weeks for review of the application. Be sure to keep a copy of your grant application and all other documentation.

