

CancerFuture Treatment Grant Application Form

Items covered by this grant may include:

- ⓧ Treatment
- ⓧ Medical Bills
- ⓧ Medicine
- ⓧ Transportation to and from treatment
- ⓧ Housing and living expenses during treatment

Name of Applicant: _____

Address: _____

Phone: _____ E-mail Address: _____

Social Security Number: _____

Applicants Diagnosis: _____

Applicants Current Treatment: _____

Applicants Annual Income: _____

If applicant is a minor or dependent:

Parents Name: _____

Parents Address: _____

Phone: _____ E-mail Address: _____

Social Security Numbers: _____

Applicants Parents Annual Income: _____

Grant Applicant or Parents Must:

- Submit a copy of last year's tax return
- Sign a Terms & Conditions of Agreement (see next page)
- Provide a description of how grant money will be used and how much you are seeking.

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Terms and Conditions of Agreement:

- ⌘ I _____ agree to use these funds in accordance with the stated purpose of the CancerFuture Treatment Grant

- ⌘ I understand that CancerFuture is in no way responsible for any influence or consequence that may be associated with the recipient's treatment or care.

- ⌘ I understand that funding is contingent upon the merit of this application; no individual will be discriminated against based on race, religion, creed, nationality or gender.

Name: _____ Date: _____

Signature: _____

Please return signed and completed Treatment Grant Application, along with the “Terms and Conditions of Agreement” to:

CancerFuture
W10896 Spring Creek Road
Lodi, WI 53555