Applicant

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Person Completing Application

- ☐ I am the applicant
- ☐ I am assisting the applicant (please indicate name and relationship)

Your name _____ Relationship to applicant _____

Cancer Information

Diagnosis _____

Cancer Stage

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ O
- ☐ None Specified
- ☐ Remission
- ☐ Recurrent

Current Treatment

- ☐ Chemotherapy
- ☐ Clinical trials
- ☐ Hormone therapy
- ☐ Hospice
- ☐ Immunotherapy
- ☐ Pallative care
- ☐ Radiation
- ☐ Surgery
- ☐ Transplant
- ☐ Other

Clinic/Hospital _____

City _____

Oncologist _____

Financial

Reason Financial Assistance is helpful

- ☐ Cannot work due to treatment
- ☐ Has young children
- ☐ High medical costs
- ☐ Lost job
- ☐ Increasing expenses due to treatment
- ☐ Extreme circumstances
- ☐ Terminal
- ☐ Other _____

Other

Please tell us anything else you would like us to know or consider

_____

_____

_____

_____

_____

_____

Would you be interested in sharing your story at our annual event, Little Black Dress Gala? ☐ Yes ☐ No

How did you hear about us? ☐ Cancer Center ☐ FaceBook ☐ Friend/Family ☐ Event ☐ Other _____

I attest the applicant has cancer and the above is accurately stated.

_____ _____

Signature Phone

_____ _____

Printed Name Email

_____ _____

Date

Additional information may be requested upon committee review.