Benton Woman's Club – Paint The Town Pink

APPLICATION FORM: PTTP Fund

Support for women fighting breast, cervical, or ovarian cancer in Marshall and surrounding counties.

DIRECTIONS: Please print clearly. Complete all sections and return this form along with **(1) Proof of Residency** (copy of driver's license or utility bill) and **(2) Medical Verification** (signed note from your doctor or oncology nurse).
*** This is not required if application is coming directly from your oncology social worker using their facility email**.

1. APPLICANT INFORMATION

- **Full Name:** _____ **Phone:** _____
- **Street Address:** _____
- **City/State/Zip:** _____ **County:** _____
- **Email:** _____

2. DIAGNOSIS & ELIGIBILITY

I certify that I am a woman currently being treated for or recovering from (check one):

[ ] Breast Cancer **[ ] Cervical Cancer** **[ ] Ovarian Cancer**

- **Oncologist/Doctor Name:** _____ **Clinic/Hospital:** _____

3. CHOOSE ONE OPTION

- **[ ] Option 1:** $250 Gas Card *(For treatment travel)*
- **[ ] Option 2:** Cold Therapy Gloves & Socks **AND** a Gas Card *(For neuropathy prevention & travel)*
- **[ ] Option 3:** Wig Allowance *(Fund pays up to $250 directly toward a wig purchase)*

4. ACKNOWLEDGMENT & SIGNATURE

By signing below, I certify that the information provided is true and correct, I reside in Marshall County or an immediate surrounding county, and I understand this assistance is limited to a **one-time distribution per person.**

Applicant Signature: _____ **Date:** _____

SUBMISSION INFO

- **Mail:** Benton Woman's Club – PTTP Fund P.O. Box 1014, Benton, KY 42025
- **Email:** bentonwomansclub@gmail.com