



Grant Application

Criteria:

- You must be a legal resident of Union County, Arkansas, and show proof of residency (driver's license, social security card, voter registration, insurance records, etc.)
- You must, at the time of application, be currently under treatment for cancer and must provide proof from your doctor (Medical Information Form).
- You may submit only bills that no insurance company or other charitable organization paid, and you must provide copies of the bills you are applying for assistance for.

Date of Application: _____

Application Completed By: _____

Patient Information

Full Name of Patient _____ Date of Birth _____
Last First MI

Address: _____
Street Address

City _____ State _____ ZIP Code _____

Daytime Phone: _____ Alternate Phone: _____

Email Address: _____

Marital Status: Single Married Divorced # of People in Household _____

Patient's Place of Employment: _____

Additional person(s) that we may speak to regarding your application:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

No

I attest that I have read the policies and guidelines for #teamcorrie Cancer Foundation patient grant program. Furthermore, I certify that my answers on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please submit to:

145 Parker Drive

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