



PINK ANCHOR  
FOUNDATION

# Patient Grant Application

Our mission is to empower individuals and families facing breast cancer with compassion, education, and financial assistance - helping them find strength, courage, and hope through community connection and care.

(Helping Mercer, Auglaize, Van Wert and Darke Counties)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Description of Diagnosis (please include your stage or oncotype information): \_\_\_\_\_

Current Average Monthly Income: \_\_\_\_\_

Are you currently actively employed? YES NO If YES, Where \_\_\_\_\_

Are you the sole income provider for the household? YES NO

Are you financially responsible for any minor children? YES NO

Are you currently in active treatment? YES NO

Have received assistance from any other organization in the last 3 months? YES NO

We offer assistance for, but not limited to:

Housing (mortgage/rental; cap of \$1,500)

Medical Bills (cap of \$1,000)

Transportation (car payment, repair; cap of \$750)

General Use Assistance (cap of \$500)

Other (TBD) \_\_\_\_\_

You MUST include the following supporting documents with your application. Incomplete applications will not be considered:

A letter from your oncologist or surgeon or nurse navigator that confirms your diagnosis of breast cancer.

A personal letter that tells us about your current situation and diagnosis.

Signature \_\_\_\_\_

Please mail or  
email application to:

PO Box 81, Celina, OH 45822

[info@pinkanchorfoundation.org](mailto:info@pinkanchorfoundation.org)

Applicants who receive assistance may reapply in one (1) year.  
Applicants who do not receive assistance may reapply after three (3) months.

For additional information or questions, please call 419.214.7419 or email [info@pinkanchorfoundation.org](mailto:info@pinkanchorfoundation.org).

You will receive confirmation of your application and timeline for review and notification.