TEAM Breast Friends

Application for financial assistance
Team Breast Friends Grant

Making a positive difference in lives impacted by breast cancer, bringing awareness through our efforts.

How Do I Apply? The first step is to answer all the questions below which will determine if you meet TBF guidelines. Once completed and you meet the guidelines, we will contact you with your award.

http://teambreastfriends.org

Team Breast Friends
PO Box 55
Iowa City, IA 52244

Date_____

Please print clearly - all information is required

Name _____Gender: Female _____Male_____
Last First Middle

Address _____ Phone _____

City _____Zip_____ County_____ E-mail_____

Ever had a mammogram? _____ When? _____Are you currently undergoing cancer treatment? No____ Yes____

Date Diagnosed _____ Treating Physician_____

Combined family income: $ _____ or $ _____ Number of dependents _____
Monthly Annual

Are you covered by health insurance? Yes _____ No _____

Have you received any other financial assistance? Yes _____ No _____

If yes, please explain _____

Personal / financial difficulty explaining need for assistance (if any)_____

_____

_____

_____

To complete this application, you must attach a letter signed by your treating physician indicating you are receiving treatment for breast cancer treatment and that you give Team Breast Friends permission to verify this information if needed. Deliver form to any member of Team Breast Friends or mail to Team Breast Friends at PO Box 55, Iowa City, IA 52244.

Guidelines

1. All candidates must be receiving active breast cancer treatments and be diagnosed in the past 5 years.
2. Must provide verification of a cancer diagnosis and may be required to provide documentation of your financial need.
3. Reside in the Corridor or surrounding area.

The above information is to the best of my knowledge is true, factual and accurate. I understand it may be necessary to be called for further information.

By signing below I hereby consent to the use and disclosure of my personal and health information contained on this form by Team Breast Friends.

Applicant's signature_____ Date_____

Private and confidential when completed.