



### PATIENT GRANT APPLICATION

Forever Pink Foundation's mission is to positively impact Kearney and surrounding communities with the focus, support, and resources needed to assist financially and emotionally those battling breast cancer.

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

We offer assistance for, but not limited to housing (mortgage/rent), medical bills, transportation (car payment, repair), or general use assistance. Please indicate the amount you are requesting; (cap of \$1,500). \$ \_\_\_\_\_

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

- \_\_\_\_\_ A letter from your oncologist, 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 the application to:



PO BOX 2543  
Kearney, NE 68848

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  
**308-240-PINK** or email [Foreverpinkfoundation@yahoo.com](mailto:Foreverpinkfoundation@yahoo.com)

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

