

STANTON REFORMED CHURCH
CANCER CARE FUND APPLICATION

This application may be used to apply for financial assistance from the Stanton Reformed Church Cancer Care Fund (the "Fund"). The Fund was created to assist and support cancer patients in the congregation and those residing in the surrounding Stanton communities by providing cancer patients with financial support for care, treatment, and other expenses related to their battle with cancer.

Please complete and return this application to the Stanton Reformed Church ("Church") office. Your application will be reviewed by the Fund Committee, who will make a recommendation for approval by the Church Consistory. Funds are limited and will be allocated at the sole discretion of Fund representatives.

Name _____

Address _____

Phone _____ Email _____

Health Insurance Information:

Medical Insurance Company Name _____

Prescription Insurance Company Name _____

Please explain your diagnosis and reason for applying to the Fund for financial assistance (attach another sheet if needed): _____

Please list expenses for which you are requesting assistance, and attach invoice(s), bill(s) or other supporting documentation:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have read the attached Fund Guidelines and do hereby represent that I meet the eligibility guidelines and all information included in this application is true to the best of my knowledge.

Patient/Guardian _____ Date _____