THE PINK PUMPKIN PROJECT BREAST CANCER FINANCIAL ASSISTANCE FORM



The Pink Pumpkin Project Breast Cancer Assistance Program provides support to those struggling with expenses during their treatment.

**Program Overview**:

* Assistance is based on our funding at the time of the application.
* We try to process all completed applications within 14 business days of receipt.
* All applications are processed in the order in which they were received.
* If you did not receive a confirmation email from us, please email: [thepinkpumpkinproject@yahoo.com](mailto:thepinkpumpkinproject@yahoo.com) to confirm receipt.

**Funding**:

* Funds may be used for daily living costs such as rent, food, gas and utilities. Funds may also be used for medical expenses.
* Payments for utilities, rent/mortgage, medical expenses will be made directly to the company name.
* We do not disburse cash payments. Payments excluding those made to companies will be in the form of a visa debit card.

**Eligibility**:

* You must currently be in treatment for breast cancer.
* You must live within our “pink circle” (please see the circle on the homepage).
* You have not exceeded our “fund cap”.

**Applicant Information**:

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breast cancer type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select your **MOST** urgent care related financial need: (**only select ONE**) \_\_\_ Rent/Mortgage \_\_\_ Utilities \_\_\_ Groceries \_\_\_ Medical Bill \_\_\_ Transportation

\*\*If rent/mortgage, utility, or medical bill, please provide a copy of the bill being requested\*\*

\*\*\*Please note that we **DO NOT GUARANTEE** we will pay the complete amount requested\*\*\*

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