

Sponsoring  
SURVIVORSHIP



2K Walk • 5K Walk • 5K Run • 10K Run

## APPLICATION FOR ASSISTANCE

Sponsoring Survivorship was established to help local women cover costs associated with their struggle against breast cancer. This application will help us to understand in what areas we can assist you. Please remember requests should be made for medical assistance only. Co-payments and payments to doctors, hospitals and pharmacies as they relate to your care.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Family History of Breast Cancer (Relationship): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will funds be used (please use another sheet for additional space if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Material Status:  Married  Single Dependents (Names & Ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Insurance Carriers: \_\_\_\_\_

\_\_\_\_\_

Pharmacy: \_\_\_\_\_

Sponsoring Survivorship does not promise to, nor does it imply, that it will pay an applicants medical expenses either in part or in full. Applicants will be reviewed on a case by case basis and will be paid based on available monies at the time that the application is submitted.