



## *Barriers to Care Grant Application*

*The Barriers to Care grant provides assistance to women currently receiving medical treatment for breast cancer to assist with expenses not limited to but may include transportation, childcare and food.*

### Patient Information

Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

*Must reside in Chemung, Schuyler, or Steuben County*

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

If Patient is under 18, name of parent or guardian \_\_\_\_\_

### Medical Information

Primary Cancer \_\_\_\_\_ Treatment Center \_\_\_\_\_

Have you previously received a Fund for Women "Barriers to Care" grant? \_\_\_\_ Yes \_\_\_\_ No

If so, when \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (may not exceed \$500)

Please include a brief description of what the grant funds will be used for:

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Name and relationship of person completing application if not patient

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How did you hear about this grant opportunity? \_\_\_\_\_

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The information submitted is held in strictest confidence, is only seen by the staff at the Community Foundation and shredded after a determination has been made.

**\*\*I ATTEST BY WAY OF MY SIGNATURE THAT ANY FINANCIAL ASSISTANCE GRANTS WHICH MAY BE AWARDED WILL BE UTILIZED FOR THE EXPENSES INDICATED ABOVE\*\***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian if applicant is under 18 \_\_\_\_\_

### **Please return completed application to:**

Fund for Women

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.

Attention: Sara Palmer

301 South Main Street Horseheads, NY 14845

**Questions: Sara Palmer at [sep@communityfund.org](mailto:sep@communityfund.org) or 607-739-3900.**