



The Mary Alice Bosseler Wigs for Cancer Patients Fund

The Mary Alice Bosseler Wigs for Cancer Patients Fund provides assistance to women in need currently receiving medical treatment for cancer to assist with expenses of obtaining a wig. Patients must reside in Chemung, Schuyler, Steuben, Thompkins or Yates counties. Maximum grant is \$300.

Name _____

Mailing Address _____

City/State/Zip _____ County _____

Phone Number _____ Email _____

If patient is under 18, name of parent or guardian _____

Medical Information - Treatment Center _____ Primary Cancer _____

Social Worker or Patient Financial Advocate name _____ Phone _____

Have you previously received a Fund for Women grant? ____ Yes ____ No If so, when _____

Amount requested for one wig \$ _____

Name and phone number of the Hair stylist purchasing the wig _____

How did you hear about this grant opportunity? _____

How will this grant assist you _____

The information submitted is held in strictest confidence, is only seen by a Fund for Women board appointed director 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 of the Southern Tier, Inc.

P.O. Box 777

Corning, NY 14830

Tel 607-542-7558

E-mail – info@ffwst.org