



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:

Name and relationship of person completing application if not patient

How did you hear about this grant opportunity? _____

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 Shaut

301 South Main Street Horseheads, NY 14845

Questions: Sara Shaut at sep@communityfund.org or 607-739-3900.