



United Breast Cancer Foundation Child Sponsorship Application

Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation's (UBCF) Child Sponsorship Program. Enclosed you will find the Child Sponsorship application. **Please take the time to thoroughly read this information before filling out your application.**

UBCF is committed to helping people with limited finances and special needs receive funds to assist in meeting their financial needs and to reduce the stress and strain that managing cancer can cause. Thanks to the generous support we receive from our donors, we are able to award a limited number of partial and full individual grants to qualified applicants.

Eligibility:

Eligibility is primarily determined based on financial need as set forth in US Federal Guidelines at 2 1/2 times the Federal Poverty level (see application). Please note: This determines your financial eligibility only and does not guarantee an individual grant. The high demand and limited funds available for individual grants forces us to adhere to these guidelines. You must be a current breast cancer patient or within 3 year(s) of remission.

Individual Grant Determination:

If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Individual grants will be awarded at a level of 25%, 50%, 75% or 100% of the total financial need. Please complete the enclosed application, brief personal essay, a letter from your doctor documenting health status and 2 current pay stubs or IRS W2. Individual grants are evaluated and awarded in the order received. Funding is limited so apply early and be sure to allow 6-8 weeks for processing.

IMPORTANT

Please be sure to include your Dr. letter and 2 current pay stubs or IRS W2.

Again, thank you for the interest you have shown. Your request is important to us and will be carefully considered. You will be notified by mail of the status of your application. We ask that you **please do not call** unless the full 6-8 weeks processing time has elapsed. Thank you for your patience.

Sincerely,

The United Breast Cancer Foundation

United Breast Cancer Foundation
223 Wall Street Suite 368 Huntington, NY 11743
1-877-UBC-4CURE <http://www.ubcf.info> fax 631-549-4527

All questions (including essay) must be completed for this application to be valid. Please write clearly.

Applicant Information:

Date: _____

Child/ Children's Name:1 _____ 2 _____

3 _____ 4 _____

Guardian's Name: _____ Relationship: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Guardian's Address (if different from above):

City: _____ State: _____ Zip: _____

Guardian Phone (AM) _____ (PM) _____ (cell) _____

Guardian E-mail: _____

Occupation: _____ Employer: _____

Insurance: _____

Child 1 Gender: Female Male Birth Date: _____ age _____

Child 2 Gender: Female Male Birth Date: _____ age _____

Child 3 Gender: Female Male Birth Date: _____ age _____

Child 4 Gender: Female Male Birth Date: _____ age _____

Guardian Gender: Female Male Birth Date: _____ age _____

Ethnicity: (Optional) American Indian/Alaska native Hispanic/Latino
 Asian/Pacific Islander White/Caucasian
 Black/African American Multi-ethnic
 Other, please specify _____

Household Income Eligibility:

<u>Household Size</u>	<u>To be eligible for an individual grant your maximum household income cannot exceed</u>
1	\$24,500
2	\$33,000
3	\$41,500
4	\$50,000
5	\$58,500

Total Household Gross Annual Income as reported on most recent tax forms: \$ _____

Total number of people in household (as shown on tax forms): _____

