



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 child sponsorships 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 a child sponsorship grant. The high demand and limited funds available for child sponsorship grants forces us to adhere to these guidelines. You must be a current breast cancer patient or within 3 year(s) of remission. You will be allowed to reapply only after 12 months have passed since the last payment made on the previous grant awarded.

Expiration:

The Child Sponsorship applications will remain active for 3 months from date received. If not complete within those 3 months your application will expire and you will have to reapply as a new client.

Child Sponsorship Grant Determination:

If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial child sponsorship grants will be awarded according to applicant's 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. Child Sponsorships are evaluated and awarded in the order received. Funding is limited so apply early and be sure to allow 6-8 weeks for processing.

United Breast Cancer Foundation
223 Wall Street Suite 368 Huntington, NY 11743
1-877-UBC-4CURE <http://www.ubcf.info> fax 631-271-2441

IMPORTANT

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

Approval of Child Sponsorship Grant:

Upon approval of your grant with The United Breast Cancer Foundation, funds will be dispersed as agreed upon within your Child Sponsorship Grant Agreement. UBCF will disperse funds to your individual service providers. Reimbursement will only occur upon UBCF receiving original receipts from the approved grantee for the specific grant purpose.

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. If it is important and relative to the review of your application, please email the Foundation at info@ubcf.info. 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 631-271-2441

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: _____

Guardian's Date of Birth: _____

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 Provider(s): _____

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	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825

