



United Breast Cancer Foundation  
Individual Grant Application

Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation's (UBCF) Individual Grant Program. Enclosed you will find the Individual Grant 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. You will be allowed to reapply only after 12 months have passed since the last payment made on previous grant awarded.

Expiration:

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

Individual Grant Determination:

***If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial Individual 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. Also please include any bills and/or invoices you feel you need the greatest financial assistance with. Please itemize these from greatest to least of where your financial needs lie. Individual grants are evaluated and awarded in the order they are received. Funding is limited so apply early and be sure to allow 6-8 weeks for processing.***

**\*IMPORTANT\***

**Please be sure to include the following:**

**A letter from your Doctor**

**2 current pay stubs or IRS W2.**

**Any current bills/invoices that you may need financial assistance with (itemize these in order of financial importance).**

*Approval of Individual Grant:*

Upon approval of your grant with The United Breast Cancer Foundation, funds will be dispersed as agreed upon within your Individual 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](mailto:info@ubcf.info). Thank you for your patience.

Sincerely,

The United Breast Cancer Foundation

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

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (AM) \_\_\_\_\_ (PM) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance: \_\_\_\_\_

Gender: (Optional)    \_\_\_ Female    \_\_\_ Male    Date of Birth : \_\_\_\_\_

Age:    \_\_\_ 18-25    \_\_\_ 26-34    \_\_\_ 35-45    \_\_\_ 46-59    \_\_\_ 60-69    \_\_\_ 70 and over

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: \$ \_\_\_\_\_

**Child Support Income:** Does the Total Household Income include Child Support: (Circle One) Yes or No  
If yes, how much do you receive per month in Child Support: \$ \_\_\_\_\_

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

**Use of Funds:**

Amount of Funds Requested: \_\_\_\_\_

Please describe the purpose of requested funds in order of priority to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I certify that all of the above information is true and correct and that all income is reported. I understand that this information will be kept strictly confidential and is only used in determining grant eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: **UBCF – Individual Grant Program**  
**223 Wall St Suite 368**  
**Huntington, NY 11743**

**Be sure to include:**  
**Dr. Letter.**  
**Income verification**  
**Bills/invoices of**  
**greatest financial need.**

*Please note, your application must be submitted with requested documentation in one package otherwise, your application will be considered incomplete and can not be reviewed.*

*If you have any questions or require additional information:*  
*call 877-UBC-4CURE*      Email: [info@ubcf.info](mailto:info@ubcf.info)      [www.ubcf.info](http://www.ubcf.info)