



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.

***Please note: 1 Grant is allowed per 12 months to date:**

You will be allowed to reapply only after 12 months have passed since the last payment made on the previous grant.

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 or health care provider documenting health status and 2 current pay stubs or IRS W2. To expedite your request also 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. We, at UBCF will disperse accordingly to your individual financial providers. Reimbursement will only occur upon receiving original receipts from the approved grantee.

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. If it is important and relative to the review of your application, please email the Foundation at www.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 Birth Date: _____
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	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825

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

Personal Essay:

