



Individual Grant Request

Date:

Name:

Address:

Email:

Phone:

Amount Requested:

Nature and intended use for the funds (e.g. medical bills, funeral expenses, etc.)

List other means that have been exhausted and provide documentation if possible:

Please attach any and all documentation necessary to substantiate financial hardship and the intended use of the requested funds. Required - **Plea for Help from a Social worker**, income statements, expenses.

I have read and understood the ChemoClothes donation fund policy and certify that the information provided in and attached to the is application is true and correct.

Signature of requestor(s)

For ChemoClothes Use Only.

Date of Committee Review: _____ *Net amount requested* _____

Net amount approved _____

Approve request *Yes* *No**

**Reason for denial of request:*

Signature of ChemoClothes representative(s)