



**FINANCIAL AID APPLICATION**

**Applicant Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

*(for IRS purposes)*

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Health Insurance:** \_\_\_ Yes \_\_\_ No

**Insurance Carrier (1)** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Insurance Carrier (2)** \_\_\_\_\_ **Policy #** \_\_\_\_\_

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed

**Number of dependents living with you:** \_\_\_\_\_

**Dependants Name(s):** \_\_\_\_\_

**Age(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*All information is mandatory  
Physicians will be contacted**

**Current Diagnosis:** \_\_\_\_\_ **Date Diagnosed:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_ **Office FAX:** \_\_\_\_\_

**Reason for requesting aid:** \_\_\_\_\_

\_\_\_\_\_

**How will grant funds be used?:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Income:**

**Source(s) of Income: 1)** \_\_\_\_\_ **2)** \_\_\_\_\_

**Annual/Monthly Net: 1)** \_\_\_\_\_ **Annual/Monthly Net: 2)** \_\_\_\_\_

**Monthly Expenses:**

**Housing:** \_\_\_\_\_ **Utilities:** \_\_\_\_\_ **Auto:** \_\_\_\_\_ **Credit Cards:** \_\_\_\_\_

**Medications/Treatments:** \_\_\_\_\_ **Child Care:** \_\_\_\_\_ **Food:** \_\_\_\_\_ **Misc:** \_\_\_\_\_

**References: (not living with you)**

**Relative:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Friend:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## APPLICANT ACKNOWLEDGMENT

In consideration of my receipt of a grant by Moonlight Cancer Foundation, Inc. the undersigned applicant (and guardian, if applicable), understands and agrees that:

- ~ Permission is granted to the physician for pertinent records to be copied and disclosed to Moonlight Cancer Foundation
- ~ The Foundation may disclose and release to the public and government entities the name and likeness of the applicant, the amount of funds received, the use of such funds and any similar relevant information.
- ~ The Foundation may use applicant's picture and biographical information in its promotional and/or marketing materials.
- ~ He/She/They shall indemnify and hold harmless the Foundation from any liability with respect to information provided to the Foundation in support of the application and the receipt of funds for which the grant may be used: and
- ~ All information provided to the Foundation in support of the application shall be considered true and accurate.

Applicants Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date application received: \_\_\_\_\_

Method of Information Verification:

\_\_\_\_\_

\_\_\_\_\_

Administrator's recommendations and comments:

\_\_\_\_\_

\_\_\_\_\_

Final Determination:

\_\_\_\_\_

\_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_