



Application for Assistance

Dear Grant Applicant,

Thank you for your interest in the Woman2Woman Breast Cancer Foundation's (W2WBCF) Free/Reduce Breast Screening Program. Enclosed you will find the Free/Reduce Breast Screening application. **Please take the time to thoroughly read this information before filling out your application.**

W2WBCF 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 free/reduce breast mammograms, ultra sounds, biopsies, bras, prosthetics and breast exams 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 services. The high demand and limited funds available for our services forces us to adhere to these guidelines.

Individual Grant Determination:

*If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. W2WBCF will award services 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 documenting health status and 2 current pay stubs or IRS W2 to be considered for W2WBCF services. **Funding is limited. Be sure to allow 6-8 weeks for processing.***

IMPORTANT

Please be sure to include your Dr.'s letter and your Pay Stubs or W2.

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. Thank you for your patience.

Sincerely,

Woman2Woman Breast Cancer Foundation

Woman2Woman Breast Cancer Foundation
4850 W Oakland Park Blvd, Suite 225
Lauderdale Lakes, FL 33313

Ofc: 954.730.7338/ 1-800-766-0135 Fax: 954.306.6161 Email: info@w2wbcf.org

Application for Assistance

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

Applicant Information:

Date: _____

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:

American Indian/Alaska native

Hispanic/Latino

Asian/Pacific Islander

White/Caucasian

Black/African American

Multi-ethnic

Other, please specify _____

Household Income Eligibility:

Household Size

To be eligible for an individual grant your maximum household income cannot exceed

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: \$ _____

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

Services/Funds Requested:

Services or Funds Requested: _____

Please describe the purpose of requested funds: _____

Service Please Check All that Apply:

- | | | | |
|--|--|--|------------------------------|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Biopsy | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Bra/Prosthetic | <input type="checkbox"/> Food Voucher | <input type="checkbox"/> Prescription Assistance | |
| <input type="checkbox"/> Co-pay Assistance | <input type="checkbox"/> Utility Bill Assistance | | |
| <input type="checkbox"/> Housecleaning | <input type="checkbox"/> Transportation | Other Services Explain _____ | |

