

✦ Need extra money for gas to those trips for cancer treatments?

✦ Need to pay for meals while you are away from home taking treatments?

✦ Need a motel room for yourself or support person while you are taking treatments?

✦ Need to pay a babysitter while you go to your doctor's appointments?

Are you short on cash for your everyday expenses due to your cancer?



New Hope is here to help you with those financial needs. Just fill in the application located inside this brochure and let them do the rest.

Cancer.

It has affected many of us
in many different ways.



Now it's time to fight back.



New Hope Cancer Foundation
PO Box 422
Mobridge, SD 57601

Case # _____

New Hope Cancer Foundation

APPLICATION FOR CANCER RELATED ASSISTANCE

I _____
(Full name) (Please print) (Address)

(County) (Phone)

hereby request financial assistance as I am ill with _____
(Type of cancer)

Please submit a current copy of your pathology report or a statement of diagnosis from your physician and a copy of your driver's license.

I have been a resident of _____ county since _____.

I understand that if my application is approved in whole, or part, the New Hope Cancer Foundation will grant me the maximum dollar amount allowed in a one-year period, beginning June 15 of present year through June 14 of the following year. It will be paid to me in a form of check from New Hope Cancer Foundation. Attention will be given to your request upon receipt of application and you will be notified by mail regarding the decision of New Hope Cancer Foundation board members. A new request is needed at the beginning of each fundraising year. All applicants need to be a resident of Dewey, Corson, Walworth or Campbell County. New Hope Cancer Foundation has the right to request further information if needed for verification.

Signature of Applicant _____ Date _____
(Parent or legal guardian signature required if applicant is under the age of 18.)

Mail application to:

**New Hope Cancer Foundation
PO Box 422
Mobridge, SD 57601**



FOR NEW HOPE CANCER FOUNDATION USE ONLY

Date of Meeting _____

Action Taken _____

Client Notified of Action _____