

Application for Financial Assistance from the ProCure Cancer Foundation*

I. Patient Applicant Information

Last Name _____ First Name _____ Sex _____

Date of Birth (mm/dd/yy) _____ SSN (of person completing application) _____

Address _____ City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Mobile) _____ Email _____

If the patient is under the age of 21, please provide the name of the parent or guardian (and his/her relationship to the patient) completing this application: _____

II. Proton Radiation Therapy Facility Information

Have you been accepted for treatment at any of the facilities listed below? (Yes/No) _____

- CDH Proton Center, *A ProCure Center* (Chicago, IL)
- Francis H. Burr Proton Therapy Center at Massachusetts General Hospital (Boston, MA)
- Hampton University Proton Therapy Institute (Hampton, VA)
- The James M. Slater, M.D. Proton Treatment and Research Center at Loma Linda University Medical Center (Loma Linda, CA)
- Indiana University Health Proton Therapy Center (Bloomington, IN)
- The ProCure Proton Therapy Center, Oklahoma City (Oklahoma City, OK)
- The Proton Therapy Center at the University of Texas M.D. Anderson Cancer Center (Houston, TX)
- The University of Florida Proton Therapy Institute (Jacksonville, FL)
- The University of Pennsylvania Roberts Proton Therapy Center (Philadelphia, PA)

*The ProCure Cancer Foundation reserves the right to request additional information not contained in this application. All information is strictly confidential and is for the ProCure Cancer Foundation's use only.

V. Personal Financial Statement

Note to parents/guardians: All financial data should be based on your personal information

How much do you currently have in ALL checking, savings or stock accounts including CDs, IRAs, 401K, etc.?	
List account type	Current balance
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

**** Please submit copies of statements for all accounts for the past 2 months ****

Please tell us about your current household job(s) and income:	
Employer:	Annual income: \$
Employer:	Annual income: \$
Other income (e.g. alimony, rental income, etc.)	Annual income: \$
Total annual household income	\$

**** Please submit a copy of the previous year's household income tax return (Form 1040 or similar)
If you do not file taxes, please submit documentation of any household income ****

Real estate	
Do you own your home?	Yes/No
Year purchased	
Purchase price	\$
What do you owe in total mortgage loans on this home?	\$

Application Check List
<input type="checkbox"/> All 3 pages of the ProCure Cancer Foundation application <input type="checkbox"/> Proof of Acceptance form <input type="checkbox"/> Copies of statements for all bank accounts for the past 2 months <input type="checkbox"/> Copy of the previous year's household income tax return (Form 1040 or similar)
<p><i>Note: If you do not file taxes, please submit documentation of any household income (e.g. social security, disability, retirement disbursement, etc.)</i></p>

I certify that the information contained above is true and correct to the best of my knowledge and I give the ProCure Cancer Foundation permission to verify the contents of my application and documents submitted. I further understand that any fraudulent or false statements that lead to a financial grant through the ProCure Cancer Foundation may lead to legal action against me.

Applicant Signature: _____

Date: _____



The ProCure Cancer Foundation Proof of Acceptance

In order to qualify for a grant from the ProCure Cancer Foundation, an applicant must show that they have been accepted for treatment at one of the existing proton radiation therapy facilities in the United States. The candidate must have this form completed by an authorized person (examples of an “authorized person” include, but are not limited to, a proton radiation therapy facility’s social worker, intake manager, or financial coordinator) at the proton radiation therapy center where they are about to begin or are currently being treated. Before returning this form to us, the applicant should make sure that they (or a guardian if the applicant is under the age 21) have signed the bottom.

Section to be completed by authorized person

I _____ (first and last name) in my capacity as a _____ (title) at _____ (name of proton radiation therapy facility) certify that _____ (applicant first and last name) is currently undergoing or is about to begin proton radiation therapy treatments. The applicant has or will begin treatment on _____ (date) and is scheduled to conclude treatment on _____ (date).

Signature of Authorized Person (date)

Name of Authorized Person (please print)

Address

Phone number

Section to be completed by grant applicant

I certify that the above information is correct and that I am receiving or about to undergo proton radiation therapy treatments at the facility listed above. I also consent to allow a representative from the ProCure Cancer Foundation to contact the authorized person at the facility at which I am receiving proton therapy treatments in order to verify my eligibility.

Patient Signature
(or Guardian if the applicant is under the age 21)