**SISTERS AGAINST RARE CERVICAL CANCERS** 

**GRANT APPLICATION**

Completing this application does not guarantee full funds are granted.

Applicants will be notified after requests are reviewed. **Medical Verification letter from treating physician on official letter head. Letter must be provided with each grant application submission. Medical Verification must include diagnosis, date of diagnosis and signed by a licensed medical professional who is providing care.**

All applications and the information provided are kept confidential. Only SARCC board members are privy to this information and will not share this information.

To ensure services are rendered accurately, granted funds will be sent directly to the company/agency providing the service. If specific items are not provided by a company/agency, delivery of items needed will be secured by SARCC.

Completed applications can be emailed to [rarecervicalcancers@gmail.com](mailto:rarecervicalcancers@gmail.com) or mailed to

P.O. Box 227, Wallburg NC, 27373

Date: \_\_\_\_\_\_\_\_\_\_\_ Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing application, contact information & relation

(If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How much are you applying for: $\_\_\_\_\_\_\_\_\_\_\_\_\_

What will the funds be used for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If involving a bill, name of company & account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current treatment status/additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Signature/date

**Office Use Only**

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

Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Approved date:\_\_\_\_\_\_\_\_\_\_\_ Amount awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Denied date:\_\_\_\_\_\_\_\_\_\_\_ Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date applicant was notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_