

CUCKFANCER.

Cuck Fancer. is dedicated to raising awareness around young adult cancer survivors and the unique struggles they face integrating back in to life after cancer. Our annual grant, the “Cuck It” grant, is dedicated to finding individual cancer survivors that could benefit from financial support to get back on their feet and back in to life after cancer.

Mail completed application and supplemental materials to:

Cuck Fancer. Inc
5535 Balboa Blvd. Suite 206
Encino, CA 91316

The 2016 “Cuck It” grant application is **due AUGUST 12th, 2016**. Applications received after this date will not be accepted, **please allow up to 5 weeks to be contacted after the deadline.**

ELIGIBILITY REQUIREMENTS

- Must be between the ages of 18-29
- Must be a cancer patient/survivor
- Must be within 5 years of diagnoses
- Must Be U.S. Resident

MORE INFORMATION

Applicants are not discriminated against based on sex, race or religious belief. Receivers of the grant are based upon financial need as well the specific challenge the survivor is facing and Cuck Fancer.’s ability to provide that need.

Questions? Email us at

applications@cuckfancer.org

PART 1: Application Information Sheet

CONTACT INFORMATION

Full Name: _____

Current Age: _____ D.O.B.: _____/_____/_____

Home Address: _____

City: _____ State : _____ ZIP: _____

Email: _____ Phone: _____

PRIMARY CONTACT PERSON

Full Name: _____

Relationship to you: _____

Email: _____ Phone: _____

DIAGNOSIS INFORMATION

I am a cancer survivor: I am currently battling cancer:

Type of cancer: _____

Age(s) at diagnosis: _____ Date(s) of diagnosis: _____

Treating hospital: _____

Current health status: _____

Attending physician: _____

ADDITIONAL INFORMATION

Total # of immediate family members: _____

Monthly mortgage/rent payment \$ _____

Monthly out of pocket medical expenses \$ _____

Other monthly debts (Car payment, credit card, loans, insurance, etc.) \$ _____

If you have a current job, salary or hourly wage: \$ _____

Please certify that the above information is truthful and accurate to the best of your knowledge:

Applicant Name: _____

Signature: _____

Date: _____

PART 2: Supplemental Information

PERSONAL STATEMENT

Answer the following question: (Typed on a separate page, no more than 1,000 words)

1. How has cancer affected your life, and what *specifically* would you do with the grant?
*We are looking to give recipients grants that will be used for specific reasons in the effort to get their lives back on track

PART 3: Reference Information

LETTER OF RECOMMENDATION

ONE letter of recommendation needs to be from the treating physician, nurse, or healthcare provider.
(Typed on a separate page)

Please include all three parts with your packet!

1. Application information (Contact, Diagnoses, Financial)
2. Personal statement
3. Letter of recommendation

Applications must be post marked by **August 12th, 2016**. Please allow up to 5 weeks to be contacted after the deadline.

For any further questions please email us at:

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