ELIGIBILITY CRITERIA SURVIVORS' FOUNDATION SCHOLARSHIP PROGRAM

1. The applicant must be a cancer survivor or currently diagnosed with cancer, facing or undergoing cancer treatment.
2. Applicants with a demonstrated financial need who otherwise would be unable to pay for cancer treatment, medical bills, office visits, mammogram full or partial cost, wigs, and head wraps.
3. A letter from your attending physician verifying your medical history and current medical situation must also be submitted. Medical information will be kept confidential and will only be utilized to support the qualification of consideration for the scholarship.
4. Underserved women with breast cancer is determined by debt to income ratio according lower income levels
5. **Priority will be given to applicants with breast cancer.**
6. Applicants provide a current, valid photo ID with scholarship application. Acceptable forms of photo identification include: driver's license or state issued ID card or passport.
7. By applying and accepting the scholarship, recipient agrees that testimonials and pictures may be used on the website or in future marketing materials, releasing all rights to Survivors' Foundation.
8. Applicants must complete scholarship application thoroughly and provide necessary documents to be considered for scholarship
9. All information provided must be accurate. Any information not valid will result in the immediate termination of your scholarship.

GENERAL INFORMATION

1. **Completed scholarships must be received no later than Saturday, October 15, 2011.** Email: astarr@survivorsfoundation.com or Fax (913) 287-5015
2. Completed applications should be submitted online, mail, or fax.
3. Submit letter of request for scholarship fund, include explanation of why funds are needed, full name, address, and contact number.
4. The scholarship funds are provided to help cover breast cancer patients with cancer treatment, medical bills, office visits, mammograms full or partial cost, wigs, head wraps. Other needs will be determined by Survivors' Foundation committee board.
5. **Survivors Foundation will determine amount of coverage, depending on the funds that are available.**
6. All applicants must briefly describe their financial circumstances and their need for a breast cancer help scholarship.
7. All applicants must provide letter from doctor to include date of breast cancer diagnosis, type of breast cancer, and treatment needed. If mammogram is needed, please have doctor to include in letter. Applications will not be processed unless all information is included with application.

All applicants will be notified by email, phone or fax within two weeks from the date the completed application was submitted.

Survivors' FOUNDATION Determined to Live

Referred by: Date: / /

First Name: Last Name:

Birth Date: / / Daytime Phone: ( ) - eMail Address:

Street Address:

City: State: County: Zip:

Sex (circle one): [F] [M] Doctor's Name:

Doctor's Address: Doctor's Phone: ( ) -

Have you noticed any new changes in your breast recently which are not related to monthly discomfort? [Yes] [No]

If so, in which breast? [Left] [Right] [Both]

Which of the following apply? (check all that apply)

[ ] Lump [ ] Dimpling [ ] Redness

[ ] Change in Shape [ ] Rash [ ] Bulging

[ ] Unusual Pain [ ] Inverted Nipples [ ] Persistent Nipple Discharge

How long ago was your last breast screening? [ ] Years

What type of screening?

Do you have fibrocystle changes in your breast (any new lumps or changes in the way your breasts feel)? [Yes] [No] [Don't Know]

Have you ever had breast cancer? [Yes] [No] If so, at what age? [ ] Years

Have you ever had a Biopsy? [Yes] [No] If so, at what age? [ ] Years

Is there a history of breast cancer in your family? [Yes] [No] If so, what relation?

Whose side of the family had this history of breast cancer? [Yes] [No] At what age? [ ] Years

Do you have health insurance, MEDICAID or Medicare that will cover the cost of a Breast Screening and/or treatment? [Yes] [No]

What is your family's income? $ per [Year] [Month] [Week] How many does this support?

How did you hear about Survivors' Foundation Help Scholarship Program?

Would you agree to share your experience with Survivors' Foundation? [Yes] [No]

Please explain briefly your need for scholarship:

Please share any additional comments here?

Please send fully completed applications to:

Survivors' Foundation
Attention: Pamela Webb
5100 Leavenworth Rd
Kansas City, Kansas 66104
Or Fax to (913) 287-5015