

## Financial Aid Application

Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Apartment Number

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone (Home)

\_\_\_\_\_

Phone (Work)

\_\_\_\_\_

Phone (Cell)

\_\_\_\_\_

Email (if applicable)

\_\_\_\_\_

### Employment Information

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Employer Name

\_\_\_\_\_

Employer Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Time at Job (years & months)

\_\_\_\_\_

Name of a Reference

\_\_\_\_\_

Please provide most recent pay stub, W-2, and/or income tax return (blocking your Social Security number)

### Insurance Information

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Do you currently have medical insurance?

\_\_\_\_\_

What is your monthly premium?

\_\_\_\_\_

**Monthly Household Income** \_\_\_\_\_

Your monthly income amount \_\_\_\_\_

Your spouse's \_\_\_\_\_

Monthly income amount from Social Security, Disability,  
Unemployment, Welfare, or Veteran's Benefit \_\_\_\_\_

Do you have a checking or savings account? If so,  
which one? \_\_\_\_\_

**Please provide the name of the financial institution and copies of the last two statements.** Be sure and  
block your account number.

\_\_\_\_\_

**Monthly Expenses** \_\_\_\_\_

Please give a description of your financial needs and monthly expenses and reasons for seeking  
assistance from the Barry L. Joyce Local Cancer Support Fund. Some, but not all may be listed below.

Rent \_\_\_\_\_

Heating \_\_\_\_\_

Auto Gas \_\_\_\_\_

Grocery \_\_\_\_\_

Phone \_\_\_\_\_

Cable \_\_\_\_\_

Medical/Doctor \_\_\_\_\_

Hospital Bills \_\_\_\_\_

Medicine \_\_\_\_\_

Water \_\_\_\_\_

Insurance \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**Additional Information** \_\_\_\_\_

Please give a brief description of your illness (i.e. type of cancer, when diagnosed, treatments  
undergone, etc.).

Please list other sources of financial assistance you have received during the course of your illness.

I hereby attest the above information to be correct to the best of my knowledge. I understand the information is subject to verification.

**Applicant's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_