

KINETIC GRANT APPLICATION FORM



EIN 88-4340880

The Pink Party

APPLICANT DETAILS

Full Name :

Date Of Birth :

Home Address :

Status : ☐ Single ☐ Married ☐ Divorce ☐ Other

Nationality :

Phone Number :

Gender : ☐ Female ☐ Male Other

Email Address :

Application Date:

DIAGNOSIS

Date of diagnosis :

Diagnosis:

Prognosis :

To be eligible for a Kinetic Grant you **MUST** (circle one):

- be in active treatment for breast cancer or within 1 year of treatment
- be the partner or primary caregiver for a person with breast cancer

Eligibility (circle all that apply):

- I have been diagnosed with breast cancer but haven't started treatment
- I have breast cancer or was recently treated for breast cancer
- My partner has breast cancer or was recently treated for breast cancer

HEALTH

Place of treatment

Oncologist

How did you hear about the Kinetic grant program?

FINANCIAL NEEDS

Is applicant currently working?

How many family members are in the household?

What is the most urgent financial need? Rent, food, medications, childcare?

In a few sentences, please tell us a little bit more about you and how cancer has impacted your financial situation (i.e., work hours reduction, costs of procedures or medication, adjunctive care like acupuncture, increased hours of daycare, etc.)

DISCLAIMER

Grant applications are reviewed and fulfilled based on available funds. Not all applicants will receive a grant.

I, the applicant, am willing to participate in media interviews and filming to support Kinetic's future fundraising efforts.

Initials

I, the applicant, understand the totality of the application and testify that all the information provided is true and accurate.

I certify that I live in the U.S., that all information in this application is true and correct to the best of my knowledge, and that I or my partner is currently or has been treated for breast cancer.

NAME AND DATE

SIGNATURE

MORE INFORMATION :

as1kinetic.com



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