



Minnesota River Valley Cancer Connections, INC.

Grant Application for assistance with Cancer Treatment – Please Print

Applicant Name: _____ DOB: _____

Applicant Address: _____ City: _____ Zip: _____

Phone: _____ E-mail _____

Type of Cancer: _____

Resident of Chippewa / Yellow Medicine County since: _____

Please submit a current copy of your pathology report or a physician's statement of active treatment.

If your application is approved, the Minnesota River Valley Cancer Connections Inc will grant you an amount over a one-year period beginning January 1 through December 31. It will be paid to you in the form of a check. Attention will be given to your request at our monthly board meetings. You will be notified regarding the decision of the Minnesota River Valley Cancer Connections Board. All applications and disbursements are **confidential**.

A new request is needed at the beginning of each calendar year. All applicants MUST be a resident of Chippewa or Yellow Medicine County, Minnesota.

Minnesota River Valley Cancer Connections, INC. has the right to request additional information if needed for verification.

The grant recipient MUST be living at the address listed above at the time this application is signed and dated.

Signature of Applicant: _____ Date: _____

Application should be mailed to: Minnesota River Valley Cancer Connections Inc.
4040 90th Ave SW
Montevideo, MN 56265

For Minnesota River Valley Cancer Connections, INC. use only:

Request Received: _____ Date of Meeting: _____

Action: Approved / Denied / More information needed

Date applicant notified of action: _____ If Approved, Check Number: _____