



We will not be afraid of cancer, it simply stands for...

Yes We Can Sir!

## CAREGIVER APPLICATION

**1. This application is for:** MYSELF SOMEONE ELSE

**2. Grantee information** (Name of Recipient)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Gender \_\_\_\_\_ \*DOB \_\_\_\_\_

**3. Nominator information:**

Complete this field if you are nominating someone you know. Information must be provided for application to be considered valid. (You may skip this question if you are applying for a personal grant.)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### 4. Personal Reference

This reference must be at least 18 years of age and familiar with the caregiver's story. (The reference must reside at a different address than the grantee and may not be the nominator.)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### 5. Personal Story

People tend to give more when stories about real people are shared. If you are awarded a grant, may we contact you to write a personal story for our blog or other promotional opportunities: This will not impact the decision making.

YES

No Thanks

#### 6. Signature

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_