



Survivors Thrive Financial Aid Nomination Form

Survivors Thrive Grants require a personal nomination. Upon acceptance of nomination, the Nominee will receive an application form to complete with their personal and medical information.

Please email your completed nomination form to:

kristkasper@mamamare.org and joanathanarroyo@mamamare.org

Pre-requisites for the Nominee – please check each box to indicate each section applies to your Nominee before continuing with the rest of the form:

- This grant recipient must be a breast cancer patient who has significant financial burdens specifically from medical surgeries/treatments and hospitalizations pertaining to their breast cancer. *(This is a one-time grant.)*
- The grant recipient must have medical debt and be within one year of treatment. *(This grant is not meant for expenses such as mortgage/rent, utilities, daycare, preschool, etc.)*
- The grant recipient must live in NY, NJ or PA.

**Nominations without all pre-requisites met will not be considered.*

**Please note that nominations and applications are reviewed by the MMBCF team on a quarterly basis. If your Nominee is selected to apply to receive financial help through our grant, you will both receive a phone call or email from our team notifying you.*

Please fill out the following information (all pages):

You Name: _____

Your Phone Number: _____

Your Email Address: _____

Nominee's Name: _____

Nominee's Phone Number: _____

Nominee's Email Address: _____

Relationship to the Nominee: _____

Does the Nominee meet **all 3 pre-requisites** outlined on the first page of this form? (Y/N): _____

Please include any additional information you wish to let us know about the Nominee:
