



Survivor's Thrive Financial Aid Application

Please e-mail your completed application to:

kristakasper@mamamare.org

This application is to be reviewed at the end of each month and recipients will be notified once a decision is made. Please be patient as this can be a timely process. This grant is **ONLY** for breast cancer patients who have significant financial burdens specifically from medical surgeries/treatments and hospitalizations pertaining to their breast cancer. This is a one-time grant. **YOU MUST HAVE MEDICAL DEBT IN ORDER TO RECEIVE A GRANT AND BE WITHIN 1-2 YEARS OF TREATMENT.** This grant is not meant for expenses such as mortgage/rent, utilities, daycare, preschool, etc. 90% of funding is allotted specifically for NJ residents.

**Please note that applications are reviewed by the MMBCF team on a quarterly basis. If you are selected to receive financial help, you will receive a phone call or email from our team notifying you.*

Please fill out the following information (all pages):

Name of patient: _____

Phone Number: _____

Address: _____

Email Address: _____

Age: _____

Mama Mare Breast Cancer Foundation
P.O. Box 1379, Easton, PA 18044
www.mamamare.org

Male/Female: _____

Stage of Cancer: _____

Date of diagnosis: _____

Treatments / surgeries specifically for breast cancer:

Is your insurance company covering any portion of the therapy /
surgeries?

If so, how much? _____

If not, please send copy of denial letter.

Have you received financial aid from any other organization? If so,
kindly list the organization as well as the information of what was
provided to you.

Total amount of outstanding medical bills (i.e. \$2,500):

We will need to have the following in order to consider your application:

1. Copy of your most recent tax return
2. Letter from your oncologist/surgeon's confirming the details you list above and acknowledging that you are applying for financial assistance.
3. Copies of outstanding invoices from your respective doctors
4. Copies of your insurance claims in addition to your insurance card

Once we review the information, we may need additional documentation in order to make a final decision.

We will contact you to let you know what is needed. Thank you very much for compiling all necessary information for our review.