

Steph's Wild Ride

INDIVIDUAL GRANT APPLICATION

Thank you for taking the time to complete this grant application form. The team from Steph's Wild Ride has worked to make this application as simple as possible. Please carefully read and understand the eligibility requirements.

Our goal is to find patients who are receiving treatment and need financial assistance. Money will be given in the form of gift card to desired locations (I.E. shopping centers, pharmacy's, and gas stations) up to \$1000.00. This is a non-profit contribution. We are working for you in honor of Stephanie Micka who lost her battle with cancer the summer of 2007.

The application can be file out to its entirety and mailed to Steph's Wild Ride at P.O Box 422 Easthampton, MA 01027. Or you can apply at stephswildride.com under grant applications.

Eligibility requirements:

1. You must be under the age of 21
2. You must be diagnosed with some form of cancer
3. You must currently be receiving medical treatment

Steps to complete grant application by mail:

1. Complete the application provided and send to:
Steph's Wild Ride
P.O. Box 422
Easthampton, Ma 01027

Steps to completing grant application By E-mail

1. Download application via Stephswildride.com complete in Microsoft word application and e-mail to swrgrants@gmail.com

We will contact you upon receiving the application, and again with approval or disapproval of funds. Once accepted, a member from the committee will ask what locations you would like your gift cards. Then, a direct family member and myself will present the funds awarded to you.

*** Unfortunately, We cannot guarantee that all applicants will be awarded money***

Our goal here at Steph's Wild Ride is to carry on Stephanie's name through donations raised to help people like you who are going through cancer treatments. Our hearts go out to all people in the past, present, and future cancer victims.

I look forward to hearing from all of you,

Jessica Faszca

Grants Coordinator

Steph's Wild Ride

INDIVIDUAL GRANT APPLICATION

Applicant's Information

Name of Applicant:

Name of Person Completing Application (If different from Applicant):

Address:

Telephone Number:

E-Mail:

Medical Information

Type of Cancer:

Date of Diagnosis:

Currently Receiving Treatment (Yes or No):

If Yes, Where?

Financial Need

Need for Funding: (Please Explain what you plan to do with any money awarded):

Amount of Monies being requested:

How did you hear about us?

If grant monies are awarded, I agree to have a follow-up interview and have quotes from that interview posted on the Steph's Wild Ride website (Yes or No):

www.StephsWildRide.com

Steph's Wild Ride • P.O. Box 422 • Easthampton, MA 01027