

## Grant Application

Bosom Buddies, Inc. ("Bosom Buddies") is an Arizona nonprofit corporation whose mission is to increase awareness of breast cancer through prevention, early detection, and supporting men and women and their families diagnosed with breast cancer. Unfortunately, those dealing with breast cancer and their families often face financial difficulties due expensive medical bills and possible loss of income if they are unable to work during medical treatment.

Bosom Buddies is committed to helping those during the difficulty undergoing treatment for breast cancer through the award of grant money. The grant money is to help with essential transportation needs. The grants are for six months. For more information about Bosom Buddies, please contact Diane Swanson, Board President at (602) 265-0776.

In its decision to award its Grants, Bosom Buddies is relying upon the truthfulness of the information submitted in support of your application. Discovery of false information in the Grant application is a basis for denying the Grant and revocation of any Grant award if the application form contains false or misleading information. The health information contained herein shall be used for the purposes evaluating the application and shall be kept confidential.

Bosom Buddies does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming and supportive environment for all of our grant applicants and recipients.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Email: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Emergency Contact (Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

6. Estimated annual household income for the last year: \_\_\_\_\_

7. Race/Ethnicity (voluntary): \_\_\_\_\_

8. Provide the approximate date of your breast cancer diagnosis and describe the current treatment regimen:

\_\_\_\_\_

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9. Describe your need for financial assistance: \_\_\_\_\_

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10. Describe the impact this grant will make on your life: \_\_\_\_\_

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11. Please provide a referral from a medical doctor currently treating you for breast cancer:

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I, \_\_\_\_\_, hereby make this declaration under penalty of perjury and represent, warrant and agree that:

1. The information submitted in support of this application is true and correct;
2. I have been diagnosed with breast cancer;
3. I am currently undergoing treatment for breast cancer;
4. I need financial assistance for essential purposes as defined on the Addendum.
5. I will submit by the 30th day of each month the receipts for the money used that month for essential transportation;
6. I will assist Bosom Buddies in the accounting of the funds used for the essential transportation; and
7. I agree to be bound by the terms and conditions of the Grant.

ANSWERS ARE COMPLETE AS OF THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

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

Return this Application and supporting documents to:

**Bosom Buddies of Arizona**  
**261 N Roosevelt Avenue**  
**Chandler, AZ 85226**  
**or email to [president@bosombuddies-az.org](mailto:president@bosombuddies-az.org)**

## ADDENDUM

Essential purposes for the Bosom Buddies, Inc. Grant Application are defined as:

- Transportation services during treatment to:
  - Medical Appointments including surgical, labs and dental
  - Counseling and Therapy Appointments
  - Support Group Meetings
  - Grocery and pharmacy trips
- Purchase of Mastectomy Products, Reconstructive Surgery Products and Wigs
- Assistance with co-pays
- Assistance with prescription costs
- Financial Assistance for Mammograms and Pelvic Exams
- Financial Assistance for Counseling
- Financial Assistance for Services while undergoing treatment, such as
  - Daycare
  - Pet Care
  - Cooking
  - Cleaning
  - Shopping – groceries, medical supplies
- Other purposes that align with the mission of Bosom Buddies, Inc. and approved by the Board.