2025 GRANTING PINK

APPLICATION FORM Apply Oct. 1, 2024 – Jan. 31, 2025

Individual Grant Program

ABOUT THRIVING PINK

Thriving Pink is a local nonprofit organization based in Yolo County, California. We are volunteer-driven and committed to helping those diagnosed with breast cancer thrive by providing a compassionate network of support and resources. Thriving Pink provides support groups, educational workshops, and financial grants to individuals in our community.

GRANTING PINK

Individual financial grants are provided to local breast cancer survivors to support them on their journey and to recognize them for their incredible resilience and determination in the face of great challenges. Grantees may receive up to \$2,000. Funds may be used for immediate and direct needs which are not covered by health insurance or any other financial assistance. For example, medical care/treatment, prescriptions, therapy, surgery, rent/mortgage payments, food, utilities, travel expenses/gas, wellness support, or other quality-of-life expenses. The Granting Pink Committee is typically made up of breast cancer survivors, community members, and oncology medical professionals.

WHO CAN APPLY

Individuals who have been diagnosed or re-diagnosed with breast cancer within the past five years (2020-2025) are invited to apply based on the following eligibility requirements:

- Applicants who live in Yolo County and have not previously received a grant from Thriving Pink.
- If funding is available, grants may be given to non-Yolo County residents who receive their breast cancer medical treatment in Yolo County and to prior grant recipients with a new breast cancer diagnosis.

Community members may nominate an eligible friend or family member by filling out the application for them. If you are nominating someone for the grant, please fill out Application Form Parts 1 and 2 with the applicant's information, to the best of your ability, and the Part 3 Nominator Section.

APPLICATION TIMELINE

Applications are accepted from October 1, 2024 – January 31, 2025 Applicants are notified by February 24, 2025 Grants are given on the weekend of March 8 & 9, 2025 Grantee recognition at the Gala in April 11, 2025

HOW TO APPLY

1. Complete both parts of the attached application form. If you need assistance, email Thriving Pink.

 Email completed applications to <u>info@thrivingpink.org</u> or mail by January 31st, 2025 to: THRIVING PINK PO Box 72314 Davis, CA 95617

QUESTIONS?

Please email <u>info@thrivingpink.org</u>. We look forward to receiving your application!



GRANTING PINK

APPLICATION FORM PART 1

All information must be filled in. Please print legibly.

Name	Date	
Age		
Address		
City		
Email		
Phone		
Breast Cancer Diagnosis:		
Non-Invasive (DCIS, Stage 0)		
Invasive (IDC/ILC, Stage 1, 2, or 3)		
Metastatic (Stage 4)		
Note: Members of your medical te	am may be able to h	elp you with this info if unsure.
Date Diagnosed:		
Date of Re-Diagnosis (if applicable):		
What treatments will you receive, or have	you received, within	n the past five years? Check all that apply.
Lumpectomy		
Mastectomy		
Chemotherapy/Immunotherapy		
Radiation		
Other related surgery		
Unsure		
What treatment have you received in the	past 12 months? Cho	eck all that apply.
In active treatment (surgery, chem	o, radiation, medicat	tion)
Long term metastatic treatments		
Completed initial treatment, finish	ing later (ie; reconst	ruction)
Medication management		
🗋 None		

Name of your oncologist and hospital location _____

How did you receive this application form? ______

APPLICATION FORM PART 2

Requested Grant Amount (maximum award is \$2,000): ______

Please provide a brief essay sharing your journey & how you would use the funds, if awarded a grant. Although we don't require receipts, be specific about your financial needs as it is helpful for our Granting Pink Committee to get to know you better to support you. Thank you!

> Office & Community Room: 501 2nd Street Davis, CA 95616 <u>info@thrivinapink.ora</u>

Check out our website www.thrivingpink.org 501(c)(3) #89-2172130

PART 3-NOMINATOR INFORMATION

If you are nominating a local breast cancer survivor, please fill out all personal information in Part 1 and 2 for the individual you are nominating, and provide the following information below about yourself:

Nominator's Name		
Cell	Email	
How do you know the individual you ar	nominating?	
How did you receive this application for	m?	
*****	*****	****

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