



GRANTING PINK **Individual Grant Program**

APPLICATION INFORMATION

Apply October 2018 – February 1, 2019

ABOUT THRIVING PINK: Thriving Pink is proud to provide support groups, educational workshops, and individual financial grants to our community. The Executive Director, Mary Yin Liu, is a local McDonald's franchisee and professor at California Northstate University. The Chair of Granting Pink, Rose Cholewinski, is the owner of SwimAmerica. Along with board and committee members, they are committed to building a network of support for local breast cancer survivors through this non-profit 501(c)(3) organization.

GRANTING PINK funds are provided to local breast cancer survivors for immediate and direct needs which are not covered by health insurance or any other type of financial assistance (medical care/treatment, prescriptions, cold caps, therapy, surgery, mortgage payments, food, shelter, utilities, travel expenses/gas or other quality of life expenses).

WHO CAN APPLY? Priority is given to breast cancer survivors who reside, receive support/treatment, or work in Davis, California. You can also nominate an applicant and fill out the brief application for them (\$1,500 maximum per applicant request). Each recipient and their guest will be invited, as our guests, to attend the Thriving Pink Gala on Friday, April 12, 2019 at the beautiful Yin Ranch in Vacaville.

APPLICATION TIMELINE Applications accepted October 2018 – February 1, 2019

Recipients will be notified by March 18, 2019

HOW TO APPLY?

Please complete the attached application form. This is a brief application to get to know you with a request for some personal information and a funding request form.

Email completed applications to info@thrivingpink.org, fax to (530) 753-8713,

or mail to: **THRIVING PINK**
PO Box 73646
Davis, CA 95617

QUESTIONS? Send email to info@thrivingpink.org or call Mary Liu at (916) 952-0406.

We look forward to receiving your application!

www.ThrivingPink.org



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PERSONAL INFORMATION FORM

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Current Diagnosis: _____

Date Diagnosed _____ Current Stage/Grade _____

Date of Re-Diagnosis (if any) _____

If referred by anyone, please share referral's name, cell, and email:

Applicant Signature

Date

OPTIONAL - NOMINATION

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

Name _____

Cell _____ Email _____

How do you know the individual you are nominating? _____

Nominator's Signature

Date



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FUNDING REQUEST FORM

Applicant Name _____

Please fill in the chart below with how funds would be used and amounts requested. The maximum request amount is \$1,500. Only include costs that are not covered by health insurance or any other type of financial assistance.

PAYMENT TYPE (circle or list)	DESCRIBE	AMOUNT REQUESTED
Surgery Medical Treatment Prescriptions		
Health Insurance		
Quality of Life Therapy/Counseling Exercise Programs Cold Caps/Wigs Care provider, Childcare Mortgage/Rent Utilities, Food Gas/Transportation Other		

The grant check will be payable to the recipient, unless a special request is made.

Please attach any relevant copies of invoices, bills or statements.

Help us to get to know you by including a brief description about yourself and the reason for your fund request. Please limit to 300 words.

Signature

Date