Beyond the Ribbon

Grant of Hope Application

Providing hope, support, and resources for individuals who are currently battling breast cancer.

First Name **Middle Name** **Last Name** **DOB**

Mailing Address **City/State/ Zip**

E-Mail **Phone Number**

Breast Cancer Journey

Date of Diagnosis _____

Current Cancer Status

- ☐ In Active Treatment
- ☐ Metastatic Breast Cancer
- ☐ Recent Diagnosis

Type of Treatment (Check All That Apply)

- ☐ Surgery
- ☐ Hormonal Therapy
- ☐ Targeted Therapy
- ☐ Chemotherapy
- ☐ Radiation

Other _____

Disclaimer: Applicants may only apply for the Grant of Hope once per calendar year. Approval and award amounts are subject to available nonprofit funding and resources at the time of application.

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Grant Request **(Choose One Package)** **$1,000**

Purpose of Grant

- **Package #1**
  Medical Expenses (co-pays, medications, deductibles)
- **Package #2**
  Transportation & Stay (gas, ride services to treatment, hotel stay)
- **Package #3**
  Living Expenses (rent, mortgage, utilities, groceries)
- **Package #4**
  Support Services (counseling, physical therapy, support groups)

Please explain how this grant will help you (attach additional page if needed.)

Supporting Documentation (Required)

- **Proof of breast cancer diagnosis (doctor's note, treatment summary, or hospital record)**
- **Copy of valid photo ID**
- **Any relevant invoices, bills, or estimates related to your request**

I certify that the information provided is true and accurate to the best of my knowledge.
I understand that completion of this application does not guarantee receiving a grant.

Please email application to: BeyondTheRibbon6@gmail.com
Mail to: 1615 Sunrise Lane, Mission, TX 78574

Signature **Date**