

## The Choose How You Respond Fund Grant Guidelines

The purpose of The Choose How You Respond Fund is to provide funds to qualified individuals to cover expenses related to the treatment of cancer. Eligible expenses may include medical expenses not covered by insurance, travel or lodging needs when seeking treatment, rent, and utilities. *Grant requests will be considered for no more than \$4,000 per year.*

### Application Requirements:

1. The applicant must be a resident of one of the following counties in Kansas: Chase, Coffey, Greenwood, Lyon, Morris, Osage, Riley, and Wabaunsee counties.
2. All the following information must be submitted with the application to be considered for a grant:
  - (a.) A brief medical history, including the condition of the patient with regard to cancer. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
  - (b.) A brief statement of financial need, including information about any medical insurance and expenses covered by the insurance policy.
  - (c.) A letter from the patient's medical doctor attesting to the cancer diagnosis necessitating treatment.
  - (d.) A listing of expenses, real or projected, for which the grant is requested. (Examples: *Are you on a fixed income with increased expenses due to the cancer diagnosis? Has diagnosis caused you to miss extended periods of work or to lose a job?*) Please include a list of expenses, real or projected, that have incurred due to the cancer diagnosis and tell us specifically what is being requested via this grant application (Example: *Gas money? Medical bills? Regular bills due to loss of income? Groceries/Household items? Other items? Etc.*).
  - (e.) A timetable for the expenditure of the grant. (*When is the assistance needed? When do you predict the assistance will be used?*)
3. Applications with attachments should be delivered or mailed to:  
Emporia Community Foundation  
527 Commercial St., Suite B  
Emporia, KS 66801
4. Questions? Contact the Foundation, 620-342-9304 or [loni.heinen@emporiacf.org](mailto:loni.heinen@emporiacf.org).



# The Choose How You Respond Fund

Assisting cancer patients and/or their families

## APPLICATION

### Patient Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant Contact Person:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The patient has been diagnosed with cancer and I am requesting assistance with costs associated with his/her treatment. I hereby give permission to the staff of the Emporia Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Authorized Person

Please attach the following information to this cover sheet: (All items must be completed to be considered for a grant.)

- A. A brief medical history, including the condition of the patient with regard to cancer. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
- B. A brief statement of financial need, including information about any medical insurance and expenses covered by the insurance policy.
- C. A letter from the patient's medical doctor attesting to the cancer diagnosis necessitating treatment.
- D. A brief statement telling us why assistance is needed. (Examples: *Are you on a fixed income with increased expenses due to the cancer diagnosis? Has diagnosis caused you to miss extended periods of work or to lose a job?*) Please include a list of expenses, real or projected, that have been incurred due to the cancer diagnosis and tell us specifically what is being requested via this grant application (Example: *Gas money? Medical bills? Regular bills due to loss of income? Groceries/Household items? Other items? Etc.*).
- E. A timetable for the expenditure of the grant. (*When is the assistance needed? When do you predict the assistance will be used?*)

### Submit all application documents to:

Emporia Community Foundation  
527 Commercial St., Suite B  
Emporia, KS 66801

Questions? Contact the Foundation, 620-342-9304 or [loni.heinen@emporiacf.org](mailto:loni.heinen@emporiacf.org).