



Grant Application

Thank you for taking time to complete and submit this form.

Please contact Katherine Brown at (843) 754-1879 or Katherine@boonproject.org should you have any questions or concerns. Please note financial assistance grants are subject to available funds and must be approved by The Boon Project Board.

Applicant Information:

Full Name: _____ Date of Birth: _____ *

Date of Diagnosis: _____ Diagnosis: _____

Treatment Status (circle one): Active Treatment Break Completed Protocol date _____ **

Phone number: _____ Email address: _____

Oncologist Information:

Oncologist: _____ Phone Number: _____

Practice: _____

Please sign the statement below:

I certify that the information on this form is accurate. I understand that additional information may be requested.

Signed (Applicant Signature)

Date

I certify that the above-named individual is a patient currently under my care for a cancer diagnosis. The information on this form regarding diagnosis and treatment status is accurate.

Signed (Oncologist Signature)

Date

***Please note that financial assistance is only available to those diagnosed between ages 18-40.**

****Must be within 12 months unless Stage IV or other extenuating circumstances.**

Please submit via email to The Boon Project at Katherine@boonproject.org

The Boon Project is a 501(c)3 tax exempt nonprofit. Tax ID: 82-1158646