



# NICOLETTE BEVERLY LEACH

*"Don't frown because it's over ... smile because it happened."*

## Application Requesting Financial Assistance

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Parents or legal guardians name and address and signature (if not 18 or older)

\_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-MAIL \_\_\_\_\_

Diagnosis & Date:

\_\_\_\_\_

Treatment:

\_\_\_\_\_

Treating Oncologist(s) \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Social Worker (or) other Mental Health Care Professional \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

Include: A letter telling us how cancer has changed your life, how you would use your gift from Nicki. Your letter will be published to our web site. Attach your doctor's signed verification letter stating diagnosis and complete history of your disease and treatment.