

The Charles Thide Foundation Grant Request Form

BOARD REVIEW

Date Received:

Date Approved:

Notes:

Please note that we need **COMPLETE** and **CLEAR** information on this form in order to process your grant request. **PLEASE PRINT!**

To request a grant from the foundation:

- 1) Please complete this form **in its entirety** and email or mail to the foundation at the address listed below.
- 2) Please have your **oncologist** submit documentation of your illness. This would be a short note detailing your **cancer diagnosis**, condition, treatment, etc. The note should be signed by the doctor, dated, and printed on the doctor's letterhead.

Date: _____

I. Patient Information

Name of patient:

Age of patient:

Home Address of patient:

II. Cancer Information

Type of cancer:

Name of oncologist:

Address of oncologist:

III. Payment Information

Who the check should be made to:

(We usually make to the patient unless it is a minor or there are other circumstances.)

IV. Grant Requestor's Information

We need complete information on who is requesting the grant and the name of the person who told you about the foundation. We cannot process your application without this information.

Grant requestor's name:

Grant requestor's phone number or email:

Please tell us how you heard about the foundation (Give name of the person who referred you):

V. Prior Grant Receipt Information

Have you or anyone in your family previously received a grant from the foundation?

If yes, provide complete information including the name and address of the grant recipient and date of the grant.

Mail or email this form and the **oncologist's documentation of a cancer diagnosis** to:

The Charles Thide Foundation

PO Box 122

Mt. Sinai, NY 11766

631 474 0636

Email: charlesthidefoundation@gmail.com