
Rush County Cancer Fund Grant Information

Eligibility

To be considered a candidate for funding:

- The requesting family must have an individual in the household with cancer and reside in Rush County.
- A completed application must be submitted to the Foundation office by a sponsoring organization on behalf of the individual/family in need
 - Qualified sponsoring organizations may include a church, social service agency, healthcare provider, or a public assistance agency
- Applications must have the following attachments:
 - A statement from a physician showing the cancer diagnosis
 - If you're unable to work, a statement showing your inability to work
 - Disability documentation or denial of disability documentation
 - Copies of all bills that you need assistance with

Terms

- The Rush County Community Foundation and the Rush County Cancer Fund are **not** emergency assistance providers. The Rush County Cancer Fund is intended for families in short term financial distress due to the cost of cancer treatment.
- Awards may be up to \$1,000 per household per calendar year.
- If approved, payment will be made directly to the third-party debtor (healthcare provider, pharmacy, landlord, utility company, etc.). Under no circumstances will a payment be made directly to the family or to the sponsoring organization.

Please Note

- All contact and correspondence regarding this application must go through the sponsoring organization. Applicants should not contact the Rush County Community Foundation directly; however, the Foundation reserves the right to contact the applicant if additional information is needed.
- Applications will be reviewed monthly. It may take up to 60 days to receive notice of funding.
- Funds are limited. There is no guarantee of funding.

**F.O.I. Fund Grant Application:
Rush County Cancer Fund**

Established by Alvin Eugene Smith and Mable Smith in 2007, the Rush County Cancer Fund assists Rush County residents going through financial hardships because of a cancer diagnosis.

Sponsoring Organization: _____

Organization Contact: _____ Organization Type: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

Briefly describe the nature of your relationship with the individual/family in need, providing any pertinent information that should be considered for funding purposes:

Please check each box indicating the following items are attached:

- A statement from the applicant's physician showing the cancer diagnosis
- If the applicant is unable to work: a statement showing their inability to work
- Applicant disability documentation or denial of disability documentation
- Copies of all bills for which the applicant is requesting assistance

Sponsoring Organization Representative Signature

Date: _____

The Rush County Community Foundation does not discriminate in matters of age, race, religion, sex or native origin and expects that grant applicants observe like standards.



117 North Main Street
Rushville, IN 46173
Phone (765) 938-1177
Fax: (765) 938-1719

Applicant Name: _____ Date of Birth: _____

Address: _____ Township: _____

Phone: _____ Work Phone: _____ Marital Status: _____

Household Members, name & date of birth: _____

Cancer Diagnosis: _____

Insurance: _____

Financial Amount Requested: _____ Date Funds are Needed: _____

Purpose of Funds: _____

Are you receiving financial assistance from any other sources and/or agencies? yes no

If yes, please describe this funding: _____

Make Payment To: (if landlord, provide information below. If healthcare provider, utility, mortgage, etc. attach bill)

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

I hereby authorize _____ (insert name of healthcare provider or social service provider) to release information regarding my medical condition to representatives of the Rush County Community Foundation's Rush County Cancer Fund. All individual information remains confidential. General activities of the grant may be used for reporting purposes.

I understand that falsifying information will be grounds for denial. I certify that the above information is true and correct and I further agree that I will be honest in the application process.

Applicant Signature

Date: _____