



# Sweet Grass Cancer Alliance Grant Application

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

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

Need (ex. Gas card, hotel, meals, night out, spa treatment, hospital bill payment, etc.) and amount requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_ Individual Listed Above      \_\_\_\_ Other

If Other please provide the following information:

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

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

Relation to person request is for: \_\_\_\_\_

Comment:  
\_\_\_\_\_

### For Organizational Use Only

Date Application received: \_\_\_\_\_ Received by: \_\_\_\_\_

Discussion by Committee:

Date Voted on: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Date sent to SGCF: \_\_\_\_\_ Date Notice of Grant Not being Approved

Date Grant Sent: \_\_\_\_\_ Sent: \_\_\_\_\_