

Purple Plunge

Assistance Program Application



Thank you for your interest in the Purple Plunge Assistance Program. We appreciate you sharing your journey and are grateful for the opportunity to give to a member of our community.

ELIGIBILITY:

In order to be eligible for assistance you must:

1. Have a diagnosis of cancer confirmed by an oncology health care provider
2. Be in active treatment for your cancer
3. Live in Lake Zurich, IL or surrounding communities (25-mile radius from downtown Lake Zurich)

Candidate Information (Required):

(If you are filling this out on someone's behalf please also fill out your contact information in the Requester Contact Information Section. If you, the Requester, prefer to remain Anonymous check the box and leave the Requester information blank. We will contact the Candidate to get their approval to submit this application.)

First Name Last Name

Phone Number Email

Address Apt/Unit

City State Zip

Diagnosis: Date of Diagnosis:

Skip this section if you are filling this application out for yourself.

Requester Information:

Check this box if you, the Requester, prefer to remain anonymous.

First Name Last Name

Phone Number Email

Address Apt/Unit

City State Zip



Candidate Story:

Every persons journey is unique and is what defines each survivor.
Please use the space provided to share your story. Please attach pages as needed.

[Large empty rectangular box for writing the candidate story]

Willing for pictures/story to be used on Purple Plunge Website: YES NO

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Request for Assistance:

Assistance provided is at the sole discretion of the committee and its directors. Any assistance provided may be done so by direct payment of goods, services, gift cards, or check. Assistance provided is dependent upon funding, number of applicants and a maximum amount not to exceed \$2,000 per applicant. Purple Plunge, Inc. does not make payments for any medical treatments, prescription drugs, medical co-pays, or insurance deductibles.

I acknowledge the information provided in this application is true and correct to the best of my knowledge. I understand by completing this form and submission of this application does not guarantee disbursement of funds.

Candidate Signature:

Date:

Requester Signature:

Date:

Mail or email your Purple Plunge Assistance Program Application and all supporting documents to:

Purple Plunge, Inc.

804 Woodbine Cir.
Lake Zurich, IL 60047
info@purpleplunge.org

Upon Receipt of your application Purple Plunge, Inc. will contact you to verify receipt of the application and discuss further actions. As a nonprofit organization, funding depends on the sources of support we receive at any given time. Please check our website periodically for funding updates. www.purpleplunge.org

Once again, thank you for your application. Your community stands behind you!

LEAVE THIS SECTION BLANK. TO BE USED BY APPROVAL BOARD ONLY.