



Jen's Thank You Alliance Financial Assistance Application

To apply for financial assistance from Jen's Thank You Alliance (JTYA), please fill out this application in its entirety and sign where indicated. JTYA will contact you directly regarding the status of your application.

To receive JTYA services, applicants must meet the following eligibility requirements:

- Recipient must be between 15 and 39 years of age
- Recipient must be recently diagnosed with cancer, undergoing cancer treatment, or in remission within 3 years of diagnosis
- Recipient must demonstrate need, providing verification to JTYA through billing and bank account statements
- Recipient must be in need of assistance that cannot be covered or obtained by insurance or other support

_____ **Please initial to indicate you meet these requirements.**

I. Applicant Information

Name	Date of Birth
Address	Primary Phone ()
City, State, Zip	Email
County	Monthly Household Income

II. Insurance Information

Do You Have Health Insurance? Yes / No	Do You Have A Drug Plan? Yes / No
Insurance Company Name	Local Pharmacy Name

III. Describe your greatest need(s) (attach a separate sheet if necessary):

IV. What other assistance, if any, do you receive?

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V. Personal Experience: Original Diagnosis, History of Treatment Information. Please specify your original diagnosis and history of treatment.

Note: You are not limited to the space provide above; please attach additional documentation, as necessary

VI. PUBLICITY RELEASE

Jen’s Thank You Alliance would like you to consider sharing information with us regarding your diagnosis and need for assistance. The use of a photo, a brief background of yourself and family, and a history of the illness affecting your life is requested. A brief description of how the grant Jen’s Thank You Alliance provides to you will be used is also requested. This information will be shared to our donors, on the website at www.jensthankeyoualliance.org, and at future fundraisers. This information will help explain how effectively the organization is assisting young adult cancer survivors. This information may be included in Jen’s Thank You Alliance publications, newsletters and event activities.

Please check the following areas for which you give your permission for us to use this information:

	Use Of Background Information
	Use of First/Last Name
	Use of Photo (Please enclose picture with application. Picture will be returned)

By signing below, you authorize Jen’s Thank You Alliance permission to use any or all of the criteria that you have indicated:

Signature Of Applicant	Date
Signature of Parent/Guardian	Date

_____ No, I prefer Jen's Thank You Alliance not use my personal information in its publicity efforts and will therefore remain confidential. I understand this will not in any way preclude me from receiving assistance.

VII. PRIVACY STATEMENT

Jen's Thank You Alliance protects the privacy of our applicants and assures the confidentiality of information regarding your medical history. It will be shared with the executive board, its agents and any references supplied by you in the application.

Signature Of Applicant	Date
Signature of Parent/Guardian	Date

VIII. APPLICANT PERMISSION

I give my permission to Jen's Thank You Alliance to verify all information provided in this application including any to view personal financial statements and personal medical/hospital statements.

Signature Of Applicant	Date
Signature of Parent/Guardian	Date

All application forms must be completely filled out and signed. Incomplete applications will not be considered.

