

The purpose of Weersing Family Grant is to provide financial aid to individuals experiencing financial challenges as a direct result of their cancer diagnosis. The questions below are intended to provide a deeper understanding of the applicant's situation; and are essential to the grant award process. Incomplete or vague information may result in denied or reduced grant amounts for an individual applicant. The following are some guidelines on the information that should be provided for each question.

**1. How has cancer impacted you financially?**

Provide a detailed description of how the applicant's financial situation has been impacted by their cancer diagnosis. Narratives should include details on how cancer has impacted the applicant financially and details on their cash flow before and after their cancer diagnosis. A direct correlation between the applicant's cancer diagnosis and their financial hardship should be demonstrated in this section.

For example:

*Applicant works part-time as a childcare assistant and will be out of work without pay for five weeks as a result of surgery required due to her breast cancer diagnosis. Applicant lives at home with her husband and two young twin daughters. Applicant's daughter recently broke her leg and requires extensive physical therapy that is not covered by insurance.*

*Applicant's husband works as a general contractor averaging \$3,500 after taxes per month. His income is used to cover rent (\$1,500.00 per month), car payments (\$500.00 per month), health insurance (\$700.00 per month) and other living expenses.*

*Applicant's \$600.00 per week income is used to cover monthly living expenses such as groceries (\$500.00 per month) and car insurance (\$200 per month). A large part of her income is currently be put toward out of pocket costs associated with her daughter's physical therapy (\$1,000.00 per month).*

**2. If awarded, how will you use the money?**

Provide details on how the applicant will use the grant money. Provide specifics on the item(s) and amount(s).

For example:

*Applicant will use money to cover groceries (estimated \$500.00 per month) and physical therapy for her daughter (\$1,000 per month).*

**3. Is there any additional information that you feel would be useful?**

Provide any supplemental information that may be useful when reviewing the applicant's situation, including any efforts made to reduce expenses as a result of the applicant's cancer diagnosis.

For example:

*Applicant and her husband have suspended gym memberships (\$80.00 per month) and on-line steaming services (\$80.00 per month) to reduce expenses. Applicant's husband will be required to reduce work hours while Applicant recovers. This may further impact their financial situation*