

Elko Cancer Network Financial Assistance Application

See back page

DISCLAIMER AND SIGNATURE

I certify the information is true and correct to the best of my ability.

Applicant Signature: _____ Date: _____

ECN Mission Statement:

- To connect cancer patients and survivors with volunteers and/or providers that can offer support and needed services during and after cancer treatments.
- To educate the community on the prevention, early detection, and treatment of cancer.
- To build a patient house for the use of out-of-town patients staying in Elko for cancer treatments.

--DO NOT WRITE BELOW THIS LINE--

Has Applicant previously received funding from ECN (Within the current quarter)? _____ Yes _____ no

If yes, what amount/service? _____

_____ Application Approved _____ Application Not Approved

Date Applicant Contacted: _____ Method of Contact: _____

Check # _____

Board Member Initials _____ Applicant Signature _____