Elko Cancer Network Financial Assistance Application



Mail completed application to: PO Box 712, Elko NV 89803. For more information visit ElkoCancerNetwork.org or call 775.738-0035 (Stefanie Covert)

Last Name			First		Date		
Street Address							
City			State		ZIP		
Phone #			E-mail Address				
Diagnosi s			Name of treatment center				
Have you ever applied for assistance with ECN?		YES	NO 🗆	If yes, when?			
How did you hear about ECN? Dr.		Dr.	Friend	Other (Radio/Print etc.?			
Amount or Service Requested? (Gas Mileage 0.54 per mile)							
How much money can you contribute to your need?							
Is there any other organization helping you? Please list.							

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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	cation Not Approved						
Date Applicant Contacted: Method	of Contact:						
Check #							
Board Member Initials Applicant	Signature						