



MATTHEW W. DEPAOLERA MEMORIAL FOUNDATION

FINANCIAL ASSISTANCE APPLICATION

SECTION 1: APPLICANT INFORMATION

Full Name:

Date of Birth:

Street Address:

City / State / ZIP Code:

Phone Number:

Email Address:

SECTION 2: FAMILY INFORMATION

Marital Status (Single / Married / Partnered / Widowed / Other):

Number of Children in Household:



Children's Ages:

SECTION 3: MEDICAL INFORMATION

Who is diagnosed? (Self / Spouse / Partner / Child / Other):

Type of Cancer Diagnosis:

Date of Diagnosis:

Current Treatment Status (Active / Remission / Palliative / Hospice / Other):

Hospital / Treatment Center:

Oncologist Name & Contact Information:

SECTION 4: FINANCIAL NEED



Are you currently experiencing financial hardship due to this diagnosis? (Yes / No):

Primary areas of need (Medical Bills, Rent/Mortgage, Utilities, Transportation, Childcare, Groceries, Other):

Briefly describe your current financial situation:

SECTION 5: REQUEST DETAILS

How will these funds help your family?

SECTION 6: PERSONAL STORY

Please share your story so we can better understand your journey:

SECTION 7: CONSENT & AGREEMENT



I certify that the information provided is true and accurate to the best of my knowledge. I understand that the submission of this application does not guarantee financial assistance.

Signature:

Date:
