

The Sue Baldwin Fund Application Guidelines



Financial Assistance Program Purpose

The Sue Baldwin Fund provides direct financial support for patients that are currently in treatment for breast cancer so that the focus can be on healing and recovery.

Summary

The Sue Baldwin Fund is available to men and women who reside in Door County, Wisconsin. The applicant who has completed or currently undergoing treatment for breast cancer, seeking screening or diagnostic services, or looking to build relationships with fellow breast cancer survivors.

Policy

The policy for the Sue Baldwin Fund exists to guide the Board of Directors in processing requests from breast cancer patients who have applied for financial assistance.

The Sue Baldwin Fund will assist as many applicants as possible as funds permit. The Board of Directors reserves the right to distribute assistance amounts based on funds available.

Application Process

1. The applicant requesting assistance will complete the application and mail it to The Sue Baldwin Fund, P.O. Box 383, Sister Bay, WI 54234.
2. Once the application is received, The Sue Baldwin Fund Board of Directors will review the application and contact the applicant via telephone.
3. Completion of an interview or in person meeting by a member of the Board of Directors will determine the applicant's eligibility for The Sue Baldwin Fund.

Disclosure

1. The Sue Baldwin Fund has the right to make changes to the application process at any time.

FINANCIAL ASSISTANCE APPLICATION



Applicant's Name: _____ Date of Birth: _____

Person completing this form: _____

Address: _____
City State Zip Code

How should we contact you? Phone: _____ Email: _____

Are you currently in ACTIVE treatment? NO If YES: Chemo Radiation Other : _____

Do you need financial assistance for screening or diagnostic services? NO

YES (Describe): _____

How many people reside in your household? _____

Please describe your need for financial assistance, any special circumstances that merit consideration, and specific ways in which the Sue Baldwin Fund can help you:

I certify that the information provided here is true and complete to the best of my knowledge:

Signature _____ Date _____

NOTE: All information on this form will be kept confidential and will only be seen by Sue Baldwin Fund Board Members.

Please send completed application to:

The Sue Baldwin Fund
P.O. Box 383
Sister Bay, WI 54234