



LAPS FOR LIFE, JAG, CHARITABLE ORGANIZATION
REQUEST FOR GRANT – INDIVIDUAL

Please Review the LAPS FOR LIFE, JAG, Charitable Organization’s Guidelines for Grants and Gifts prior to executing this application.

(This section to be completed by the Individual Cancer Patient to whom the grant is directed)

Name of Individual _____ Home Phone: _____
Daytime phone _____ Email Address _____
Address _____
Cancer Diagnosis _____ Date Diagnosed _____
(Check One) _____ Currently in Treatment _____ Treatment concluded within past 12 months

Please give a brief description of your needs

Signature of Requestor

Date

(This section must be completed by the physician, counselor, or professional recommending the individual for a grant)

Name _____ Relationship to Requestor _____

Comments

Signature of Professional Recommending the Grant

Date

Print Name.

Phone number

E-Mail

Please mail this request to: LAPS FOR LIFE, 758 Radio Drive | Lewis Center, Ohio 43035

