



Our mission is to assist those in need of funding during their treatment of cancer. We believe most people are not fully prepared for the out of pocket expenses cancer treatment requires. Our volunteers are dedicated to the long term success of this grant program through ongoing donations and fundraising efforts.

GRANT APPLICATION

(Subject To Available Funds—Please allow 3 weeks for processing.)

******REQUIRED INFORMATION******

(Completion of all line items within the "Required Information" area is necessary for you to be considered for a TTT grant.)

APPLICANT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY _____ STATE/ZIP _____

PHONE NUMBER: _____ COUNTY OF RESIDENCE: _____

NAME OF ATTENDING PHYSICIAN (PLEASE PRINT): _____

SIGNATURE OF ATTENDING PHYSICIAN: _____ DATE: _____

NAME OF HOSPITAL/CARE CENTER WHERE MEDICAL CARE IS RECEIVED: _____

TYPE OF CANCER CURRENTLY BEING TREATED: _____

HAVE YOU PREVIOUSLY RECEIVED A TTT GRANT: _____

HOW DID YOU HEAR ABOUT THIS GRANT? (List name, address, phone # & relationship of the person who referred you.) _____

ARE YOU A NCHSC MEMBER ? _____ HAVE YOU EVER RAISED FUNDS FOR TTT? _____

By signing below, you are stating that all of the above information is accurate.

APPLICANT'S SIGNATURE (If 18 years of age or older): _____ DATE: _____

PARENT OR LEGAL GUARDIAN'S PRINTED NAME & SIGNATURE IS REQUIRED (If applicant is under the age of 18): _____ DATE: _____

NOTE: To qualify for a Trails To Treatments Grant, the applicant must currently be receiving medical care for cancer. Grant recipients may apply for an additional grant every 12 months, if still receiving medical care for cancer. These grants are prioritized and intended for residents of Marshall, Pennington, Roseau, Kittson, Polk and Red Lake counties.

ADDITIONAL INFORMATION (OPTIONAL)

HOW WILL THIS GRANT ASSIST YOU: _____

ADDITIONAL COMMENTS: _____

Thank you for taking the time to apply for our grant. All information will be kept confidential.

**RETURN APPLICATION TO:
NCH Trails To Treatments
PO Box 161
Middle River MN 56737**

For more information about NCH Trails To Treatments visit: www.northcountryhorsemen.com

For Office Use Only	
Case #: _____	Date Received: _____
Amount Approved: _____	Approved By: _____
Check#: _____	Points: _____
County Applicant Is From (V): ___ Marshall ___ Pennington ___ Roseau ___ Kittson ___ Polk ___ Red Lake ___ Other: _____	