



**OUR MISSION:**  
 To Honor, Educate, Comfort & Inspire  
 individuals and families affected by cancer

Sitka Cancer Survivor's Society • P.O. Box 1624 • Sitka, AK 99835

**2023 Mini Grant Fund Application Form**

Sitka Cancer Survivor's Society Mini Grant Fund will provide grants of \$1,000 first year, thereafter \$500 per year up to five years to Sitka residents affected by cancer. Grants may be used for medical expenses, travel, lodging, food, rent and utilities. Family members and friends may apply on another person's behalf.

Return the form with copies of receipts:

Mail~P.O. Box 1624, Drop off~228 Harbor Drive or Email to [sitkacancersurvivorsociety@gmail.com](mailto:sitkacancersurvivorsociety@gmail.com)

**A. GRANT APPLICANT INFORMATION:**

Name (please print) \_\_\_\_\_ phone number( cell or home) \_\_\_\_\_

Address \_\_\_\_\_ email address \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ FUNDS WILL BE USED FOR: \_\_\_\_\_ LAST GRANT RECEIVED \_\_\_\_\_  
 DATE

*"I VERIFY THAT ALL STATEMENTS ARE TRUE AND HAVE PROVIDED DOCUMENTATION OF COSTS TO BE REIMBURSED. I GIVE PERMISSION FOR INFORMATION ON THIS FORM TO BE REVIEWED BY THE SCSS BOARD OF DIRECTORS. I HAVE NOT RECEIVED A SCSS MINI GRANT WITHIN THE PAST 12 MONTHS." FEDERAL TAX LAWS REQUIRE THAT COPIES OF RECEIPTS MUST BE SUBMITTED VERIFYING THE USE OF THE GRANT FUNDS.*

*RECEIPT COPIES ARE NEEDED TO RETAIN SCSS TAX-EXEMPT STATUS. ALL INFORMATION SUBMITTED IS KEPT CONFIDENTIAL.*

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

PERSON SUBMITTING THIS APPLICATION: (IF DIFFERENT)

NAME

PHONE

EMAIL ADDRESS

**B: TO BE COMPLETED BY PHYSICIAN:**

**CERTIFICATION OF PHYSICIAN "I HEREBY CERTIFY THAT THIS PATIENT IS ELIGIBLE TO APPLY FOR FUNDS INTENDED FOR USE BY PERSONS, AND THEIR IMMEDIATE FAMILIES, WHO ARE DEALING WITH A CURRENT OR PREVIOUS DIAGNOSIS OF CANCER. IF TRAVEL REIMBURSEMENT IS BEING REQUESTED I HEREBY CERTIFY THAT THE PATIENT IS GOING TO A CANCER TREATMENT CENTER."**

Physician's signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician printed name \_\_\_\_\_ Contact number \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_

**C: To be completed by Sitka Cancer Survivor's Society Board Member:**

Initial \_\_\_\_\_ Date Board Approved: \_\_\_\_\_ Check# \_\_\_\_\_ Entered OB  Receipts rec'd

[sitkacancersurvivorsociety@gmail.com](mailto:sitkacancersurvivorsociety@gmail.com)

President/Publicity: Carolyn Fredrickson: [bandc2@icloud.com](mailto:bandc2@icloud.com) Vice President: Candi Barger: [candi@alaskan.com](mailto:candi@alaskan.com)

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*The Sitka Cancer Survivor's Society mission is to honor, educate, comfort and inspire individuals and families whose lives have been touched by cancer. Because we have cancer in our past, we help Sitkan's who are dealing with cancer in the present; through grant assistance, the Sitka Cancer Support group and the Path of Hope park.*