



# JOSETTE BEDDELL MEMORIAL FOUNDATION

## Financial Hardship Grant Application

*An online version of this application is available at [www.josettememorial.org](http://www.josettememorial.org)  
Please email completed applications to [amonaco@josettememorial.org](mailto:amonaco@josettememorial.org) or mail to  
JBMF PO Box 8497 Canton, Ohio 44711  
Note: please allow 4-8 weeks for processing*

### *Information regarding applicant*

Today's Date: \_\_\_\_\_

Applicant First and Last Name: \_\_\_\_\_

Applicant Address *(please write clearly, this is where your grant check will be mailed if approved):*

\_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email address: \_\_\_\_\_

Preferred Method of Communication, please circle one:    phone            email

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_    Number of Dependents: \_\_\_\_\_

### *Information about illness*

Approximate Date of Diagnosis: \_\_\_\_\_

Please tell us about your experience with breast cancer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Monthly Rent/Mortgage Payment:** \_\_\_\_\_

**Monthly Utility Costs:** \_\_\_\_\_

**Monthly Out of Pocket Insurance Co-Pay  
(if applicable):** \_\_\_\_\_

**Monthly Misc. Out of Pocket Expenses (please explain):**

---

---

---

---

---

---

---

---

---

---

**Any Additional Expenses caused by the Hardship:**

---

---

---

---

---

---

**Request for assistance:** \_\_\_\_\_

---

---

---

---

**How did you hear about us?** \_\_\_\_\_

