

Heart & Sole Cancer Assistance

APPLICATION FOR ASSISTANCE

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Contact Person (If you are unavailable): _____ Phone Number: _____

Date of Diagnosis: _____ Are you currently in treatment? _____ Yes _____ No

Type of Treatment: _____

Be as specific as possible — Type of assistance requested and amount \$ _____

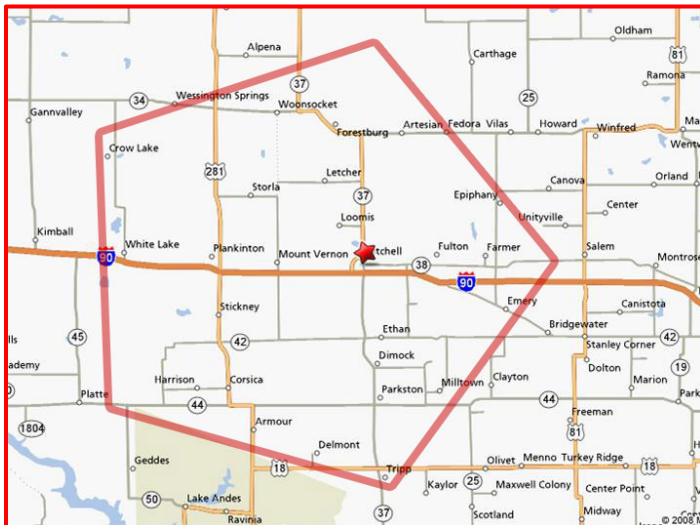
List all expenses you are requesting assistance for including travel, lodging, medications, meals, and medical supplies.

How did you receive this form? _____

Have you participated in the Heart & Sole Walk/Run? If yes, please provide the name of the team and/or team captain: _____

Signature: _____ Date: _____

**HSCA meets on a monthly basis. Applications will be reviewed at the next scheduled meeting.*



HEART & SOLE CANCER ASSISTANCE BOARD OF DIRECTORS

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HEART & SOLE CANCER ASSISTANCE
PO BOX 1412
MITCHELL, SOUTH DAKOTA 57301



Heart & Sole Cancer Assistance

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Mitchell SD 57301

100% of the profit from the Heart and Sole Cancer Walk/Run stays locally to assist families dealing with cancer.

Due to the high volume of requests and limited funds with which to assist those in need, the HSCA has implemented requisites, which must be met to establish eligibility for assistance. Criteria for Heart and Sole Assistance are as follows:

- Have a diagnosis of cancer and currently be in cancer treatment
- Live in the Mitchell area or have been a member in the current years' Heart & Sole Cancer Walk/Run

Assistance will be offered without regard to national origin, race, color, religion, sex, marital status or age. Fill out the enclosed application and mail to the above address if you need assistance with cancer expenses.

For more information contact Sheila Letcher at 996-2140 or visit our website at www.mitchellheartandsole.com.