

The Duttine-Cavataio Fund

APPLICATION FOR FUNDS



MISSION

Our mission is to financially assist families in need from Brentwood, PA that have had cancer or lost a loved one to cancer.

In support of this mission, the Duttine-Cavataio Fund provides supplementary financial assistance to families suffering financial hardship resulting from a cancer diagnosis. The main source of funds is derived from our annual fundraiser, Drop the Puck on Cancer Hockey Tournament and Family Event as well as other sources of generous donations, including United Way, Amazon Smile as well as corporate and individual contributions.

SELECTION & DISTRIBUTION OF FUNDS

Funds are distributed at the discretion of the board dependent on actual need of families chosen to benefit from the fund. Families are chosen that live in or have lived in the borough of Brentwood, PA. Families must have a loved one that has had any type of cancer and will be chosen solely by the board. Families are to use the funds to pay expenses incurred during cancer treatment or they may use funds to make donations in memory of their loved ones to charity. Funds may also be used to pay for expenses incurred after the passing of a loved one such as burial costs, legal costs, and care of children.

Selected beneficiaries will be featured at our annual fundraising event, "Drop the Puck on Cancer". The information provided in this form may be used to provide background of the beneficiaries.

Funding is limited and based on availability. Applications will be processed in the order received. All information is strictly confidential. Once reviewed, the Duttine-Cavataio Fund will contact the person requesting assistance to confirm or reject the request for funding.

Please complete the below form and email to Jodi@drothepuckoncancer.com to be considered for a grant.

The Duttine-Cavataio Fund

APPLICATION FOR FUNDS

NOTE: ALL fields must be completed to be considered for funding.

BENEFICIARY ELIGIBILITY DETERMINATION

- 1) Is the Beneficiary under the age of 18? **YES** **NO**
 - a) If yes, Complete below. If “No” go to #2
 - i) Is the Beneficiary OR the Beneficiary’s Parent/Legal Guardian a current or former resident of Brentwood? **YES** **NO**
 - ii) Please enter time frame which the Beneficiary OR the Beneficiary’s Parent/Legal Guardian resided in Brentwood: **FROM** **to**
 - iii) Is the Beneficiary OR the Beneficiary’s Parent/Legal Guardian a graduate of Brentwood High School? **YES** **NO**
 - (1) If “yes”, please indicate year of graduation (if both Beneficiary and Parent/Legal Guardian are graduates of Brentwood High School, please provide both graduation dates):
Class of
 - b) If the Answer to BOTH i and ii, are “No”, the Beneficiary is not eligible

- 2) Is the Beneficiary 18 or older? **YES** **NO**
 - a) If yes:
 - i) Is the Beneficiary a current or former resident of Brentwood? **YES** **NO**
 - (1) Please enter time frame which the Beneficiary resided in Brentwood:
FROM **to**
 - ii) Is the Beneficiary a graduate of Brentwood High School? **YES** **NO**
 - If “yes”, please indicate year of graduation:
Class of
 - b) If the Answer to BOTH i and ii, are “No”, the Beneficiary is not eligible

REQUESTER INFORMATION

1. Name:
2. Address:
3. Email”:
4. Phone:
5. Relation to Beneficiary:

BENEFICIARY INFORMATION

1. Name:
2. Address:
3. Email”:
4. Phone:
5. Age:
6. Payee of Distribution (if awarded):
7. Type of Cancer Diagnosis:

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APPLICATION FOR FUNDS

8. Please briefly explain your reasons for requesting assistance from the Duttine-Cavataio Fund:

9. Background Story:

Please provide a brief overview of the Beneficiary including interests, hobbies, family and any background you wish to provide about how their life has been affected by cancer. Sharing background about yourself, your family, your journey and your most immediate urgent need, will allow the Board understand your need for our assistance.

10. Intended use of Funds if awarded:

The undersigned individually and as the parent of the minor child/patient (if applicable) hereby acknowledges and agrees that the information submitted herein is accurate, true and complete, to the best of my knowledge. I further agree to indemnify and defend the Duttine-Cavataio Fund, its Directors and Officer against any costs, claims and expenses, including reasonable attorneys' fees, arising out of the breach of this agreement.

Requestor:

Print Name:

Signature:

Beneficiary:

Print Name:

Signature:

Beneficiary Legal Guardian (if Beneficiary under 18):

Print Name:

Signature:

Relation to Beneficiary: