



Genevieve's Helping Hands, Inc.  
*resources for young women with breast cancer*

## **Application for The Genevieve Memorial Grant**

### **Grant Criteria**

For young mothers first diagnosed with breast cancer at age 40 or younger

For young mothers starting breast cancer treatment, in treatment, or recovering from treatment

To be applied at mutually agreed upon dates and a location arranged by Genevieve's Helping Hands, Inc.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Tele No. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

When diagnosed: \_\_\_\_\_ Age at first diagnosis: \_\_\_\_\_

Type of treatment(s): \_\_\_\_\_

Date of treatment(s): \_\_\_\_\_ Start Date of Grant: \_\_\_\_\_

Location of treatment(s): \_\_\_\_\_

In what city/state do you want this grant applied? \_\_\_\_\_

When are you available for a phone interview? Dates: \_\_\_\_\_ Times: \_\_\_\_\_

On a separate sheet please provide any additional information that you feel is important to help us better understand your need for this grant. Include the following: family income, number of children living in the home, their ages, and expected days in hospital. Also include any extenuating family situations, for example: caring for adults, other medical situations, military status, etc.

Can we share your name only when we announce awarding a grant? \_\_\_\_\_

*I affirm that all information is correct. I understand that Genevieve's Helping Hands, Inc. is not a healthcare provider, and therefore the information released is not protected by federal privacy protections.*

Signature \_\_\_\_\_

Send Application to:  
Genevieve's Helping Hands, Inc. c/o Rickmeyer  
263 Division Ave  
Hicksville, N.Y. 11801 or  
e-mail to: [mail@genshelpinghands.org](mailto:mail@genshelpinghands.org) – Subject: Grant Application  
Questions? Call 516-500-3702