



**BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION**  
Application for Information and Support Service Funding

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All applicants must fill this form out in *full*  
as your official cover page of the grant request

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

**CONTACT INFORMATION:**

Name of Organization of Institution: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Memo Line: \_\_\_\_\_

How did you become aware of this funding opportunity?  
\_\_\_\_\_  
\_\_\_\_\_

**GRANT INFORMATION**

- I agree that if awarded a Bear Necessities grant to submit a one-page, 6-month update for the foundation's Board of Directors if awarded funding (must check to be considered for funding).

Title of Program: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**SALES SUMMARY**

Please include a paragraph summary for your grant that includes the estimated number of newly diagnosed patients impacted with this program and the estimated number of potential patients and organizations served by this program. This summary should explain your program and generate interest in the need for funding. Please note, this information will be presented to Bear Necessities Board of Directors after the Medical Advisory's recommendations have been made for final voting.

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