



## **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: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

Full Mailing Address including institution, department and floor where notifications should be sent:

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**Contact Information for administration of funds:**

*(Please disregard if it is same as above)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

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

How did you become aware of this funding opportunity?

\_\_\_\_\_

- I agree that if awarded a Bear Necessities grant to submit a one-page, 6-month update for the foundation's Board of Directors.

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

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

*Bear Necessities Cancer Foundation Mission: To Eliminate Pediatric Cancer and to provide hope and support to those who are touched by it.*