



Bear Necessities Pediatric Cancer Foundation Application for *Research* Funding

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

Date: _____

Institution: _____

Name of Principal Investigator: _____

Official Position and Department: _____

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

Phone Number: _____ Fax Number: _____

Email Address: _____

Contact Information for person responsible for administration of funds:

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 Project: _____

Amount Requested: \$ _____

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