

WYOMING ORDER OF THE EASTERN STAR CANCER FUND

APPLICATION FOR ASSISTANCE

Date _____

Name _____

Address _____

Submitted through Chapter _____

Amount Requested _____

Briefly explain the nature of your need at this time _____

Is applicant covered by insurance? _____

Type of Cancer _____

Patient's Signature _____

(Granting doctor permission to comment and sign below)

Doctor's comments _____

Doctor's Signature _____

APPLICANT'S SIGNATURE _____

If there are any questions about this application, feel free to contact your Chapter Cancer Chairman or the Grand Chapter Cancer Chairman.

This completed application should be given to a Chapter Cancer Chairman whose recommendation shall be attached to this application. The application and recommendation shall be submitted to the Wyoming Eastern Star Cancer Fund committee who will make the final decision regarding disbursement of funds.