



Rhode Island Chapter Of the Pink Heals Tour, Inc.

P.O. Box 267

West Warwick, RI 02893

www.ripinktrucks.com

501(c)3 Tax Exempt # 27-4313346



FINANCIAL ASSISTANCE GUIDELINES

OVERVIEW

- Assistance is up to \$750 per 12-month period.
- Individuals must submit an application to be considered for funding. Applications may be obtained from our website or a RI Pink Heals member.

ELIGIBILITY

- Individuals must meet the following criteria:
 - You must **CURRENTLY** be receiving treatments for cancer (chemo, radiation, or other)
 - You must live in Rhode Island, Southern Massachusetts, or Eastern Connecticut
 - You have **NOT** received any other funding from RI Pink Heals within the last 12 months
 - You must exhibit a financial need
 - You must submit a completed application and a copy of the bill/bills that you are looking for assistance with. Bills must be complete showing the company name and address, your name and address, and the account number.
 - Bills can be medical, phone, car payments, utilities, mortgage, etc. If the money is for rent then it must be to a company. **NO** checks will be written to an individual person. No exceptions.
 - You must submit a letter from your physician stating that you are **currently being treated** for cancer.

SELECTION PROCESS

- The RI Pink Heals Board of Directors will review all applications and make decisions based on the submissions and funds available.
- Only **completed applications**, submitted **with** the bills and physician letter, will be considered.
- Individuals will be notified of decisions by either e-mail or phone.
- If the funding is approved, checks will be mailed within 2 weeks directly to the billing company.

Completed applications can be emailed to treasurer@ripinktrucks.com or mailed to:

RI Pink Heals, PO Box 267, West Warwick, RI 02893

All applications are made subject to the RI Pink Heals Board of Directors review. The RI Pink Heals reserves the right to decline funding to any individual who does not meet the eligibility requirements, does not submit a completed application, or if funding is not readily available. RI Pink Heals does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

"We're not gonna take it....we're gonna make it!"



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FINANCIAL ASSISTANCE APPLICATION

The RI Pink Heals is a 501(c)(3) non-profit organization that provides financial assistance to men, women, and children that are currently battling cancer. Please fill out this application and provide as much information as possible. Applications will be reviewed, and funds approved by the RI Pink Heals Board of Directors, in accordance with the organization's financial assistance application and award guidelines, a copy of which is available at www.ripinktrucks.com. Financial assistance will be based on need and funds available. If you have any questions about this application, please feel free to email us at treasurer@ripinktrucks.com. The completed application, physician letter, and bills can be emailed or mailed to RI Pink Heals, PO Box 267, West Warwick, RI 02893.

APPLICANTS INFORMATION

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ E-MAIL _____

Have you ever received financial assistance from RI Pink Heals? YES / NO

If yes, when? _____

FINANCIAL ASSISTANCE INFORMATION

Please explain your need for assistance and describe the type of assistance being requested. Examples of assistance gift cards, gas cards, heating oil, and household bills:

I hereby acknowledge and certify that this application is true, correct and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

**RI PINK HEALS
BOARD of DIRECTORS**

Date Approved: _____

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