

JUDI SHESH MEMORIAL FOUNDATION
SCHOLARSHIP ASSISTANCE
GUIDELINES

The Judi Shesh Memorial Foundation has made a commitment to raise funds for the fight against Breast Cancer. In addition to providing support for treatment, prevention and research, the foundation has created a program earmarked to provide individuals and their families who are presently afflicted with breast cancer or related disease with financial support in their time of need.

The foundation requires documentation and some guidelines in order to provide this much needed support.

- All individuals must complete a confidential “application for assistance” (attached) for documentation purposes in order to qualify. Please include a brief “statement of need” explaining your situation (one page typed or handwritten).
- Applications will be reviewed by the Judi Shesh Foundation members. Applicants will be notified in writing regarding status of application.

JUDI SHESH MEMORIAL FOUNDATION
APPLICATION FOR ASSISTANCE

Date Submitted: _____

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Cell: _____

Occupation: _____

Marital Status: Married: _____ Single: _____ Divorced: _____

Husband/Wife Name: _____ # of Children: _____

Medical Condition Being Treated For: _____

Physician Name: _____

Physician Address: _____

Phone: _____

Funding would be utilized for (i.e. offsetting medical bills, assistance for household chores, meals, transportation, etc.): _____

I verify that the information to be true and complete.

Signature: _____ **Date:** _____

JUDI SHESH MEMORIAL FOUNDATION
APPLICATION FOR ASSISTANCE
DOCTOR/PHYSICIAN CLEARANCE

Date: _____

This letter is to certify that _____ residing

At _____

Is currently receiving treatment for breast cancer at our practice.

Doctor/Authorized Signature: _____

Address: _____

Phone: _____