



The Nan Foundation is a newly created non-profit organization. Our purpose is to assist families and patients afflicted with brain cancer. Our foundation was created to honor two women, Nan Yost and Nan Lutz, who each lost their battle to brain cancer. Our members have experienced this first hand and wish to reach out to other families in need at this very difficult time. Nothing can ease the pain, but caring support does help to address the everyday issues. Our goal is to assist families with housing, utilities, clothing, or any other necessary living expense incurred during this time which they are unable to meet. All requests are carefully documented for authenticity. We also hope to extend our moral support to those who will allow us into their lives at this most private and agonizing time. Having a shared experience is a very bonding element for human beings.

The Foundation's mission, through fundraising and donations, is to assist those afflicted by this disease by lessening some of the financial burdens these individuals and their families may endure.

All information will be treated in a strictly confidential manner and will not be shared with any other entity for any purpose.



PRE QUALIFICATION GUIDELINES

The Nan Foundation is a non-profit organization providing small grants to brain cancer patients and their families.

Grant requests will be evaluated, with the specific goal of easing a financial burden, thereby enhancing the quality of life of those suffering with this disease.

1. The grants will be paid directly to the provider of service(s) deemed necessary and qualified by The Nan Foundation.
2. Applications will be accepted for individuals and their immediate families who have experienced financial hardships resulting from a brain cancer diagnosis.
3. The patient must reside in either Pennsylvania or New Jersey.
4. Applications will be accepted without regard to race, national origin, ethnic background, sex or religion.
5. The attending physician must verify a primary brain cancer diagnosis within that family unit. The applicant may be required to provide a signed Medical Acknowledgment Form if invited to submit a full application for consideration.
6. Proof of full financial disclosure, including but not limited to: tax returns, bank statements, investments, savings, and medical coverage, may be required to qualify for the grant.
7. Grants will not be intended to be “stop-gap” measures for non-essential expenses, or items, or needs that can be covered elsewhere (e.g. health insurance). Examples of qualifying requests, which would include but are not limited to, housing expenses, utility payments, food, clothing, and out-of-pocket medical costs.
8. The Nan Foundation has no obligation to consider applications in the order in which they are received; all applications will be considered based on their individual merits and availability of funds. Applicants are advised that The Nan Foundation cannot put a time frame on the completion of an approved grant request.
9. Grant requests must not exc

10. Follow The Nan Foundation's guidelines. Currently this cap is set at a maximum of \$4000 per recipient, and subject to available funds. Extraordinary circumstances may be considered on a case-by-case basis.
11. Only (1) pre-qualification questionnaire/application per recipient will be considered in any 12 month period. Applications for a second grant will be accepted only under exceptional circumstances.
12. Pre-qualification Questionnaires will only be accepted by utilizing the approved form and sent via email or US mail. The Foundation will acknowledge receipt of your application within 30 days.

Liabilities

Mortgage Balance \$ _____

Total of all Loan Balances \$ _____

Total of all Credit Card Balances \$ _____

Total Liabilities \$ _____

Net Worth \$ _____

Estimated monthly income statement for the last three months:

Wages \$ _____

Pensions/IRAs \$ _____

Dividends \$ _____

Capital Gains \$ _____

Alimony \$ _____

Self Employment (net) \$ _____

Rental Income \$ _____

Unemployment \$ _____

Miscellaneous Income \$ _____

Total Income \$ _____

Estimated monthly expense statement for the last three months:

Housing Expenses \$ _____

Taxes if not included in mortgage payment \$ _____

Utility Payments (elec, gas, oil, tel/cell) \$ _____

Loan Payments (cars, home equities, etc) \$ _____

Credit Card Payments \$ _____

Insurance (health, care, home – if not included in mort) \$ _____

Education Costs \$ _____

Alimony \$ _____

Other (cable, etc) \$ _____

Medical Expenses \$ _____

Total Expenses \$ _____

Net Inc/Deficit \$ _____

Section B

Primary Physician

Name: _____ Phone Number: _____

Address: _____

Diagnosis: _____ Date of Diagnosis: _____

Section C

Goods/Services being requested and estimate cost: _____

Other Funding

Have you applied for funding from any other organizations? Yes _____ No _____

Have all other sources for funding from insurance, Medicaid, local, state and/or federal programs been applied for? Yes _____ No _____

How did you hear about The Nan Foundation? _____

Briefly describe why you feel you would be a good candidate for this grant: _____

Print Name: _____

Signature: _____ Date: _____