



WE ARE HERE TO HELP.

The financial burden caused by breast cancer can be overwhelming for patients and survivors. To apply for assistance with the Remember Betty Foundation, only a small amount of paperwork is required:

- 1. GRANT APPLICATION**
- 2. LETTER OF DIAGNOSIS**
- 3. PERSONAL NOTE**

Applications are only accepted from the 1st – 7th of each month. Applications are only considered for the month in which they are received and will not be retained for future review.

Applications must be 8 pages or less, or they will not be considered.

Applications cannot be accepted via email due to HIPAA laws. Applications are accepted via fax or mail. The address for submission is as follows:

Remember Betty
Attention: Review Committee
100 Andover Park W, Suite 150, Box 375
Tukwila, WA 98188
FAX: 615-634-1220

- If any documentation or an application signature is missing, the application will NOT be considered.
- Applications MUST be signed by the applicant ONLY. Social workers, family members, or other third-party signatures will NOT be considered.
- Due to the volume of applications received each month, we cannot provide confirmation of receipt.
- You do NOT need to be in active treatment to be considered for assistance.
- Applications will be reviewed no later than the 17th of each month.
- Assistance will be distributed by the end of the month for grant recipients.

Please note that Remember Betty receives, on average, upwards of 250 applications per month. Our current funding allows us to accept between 5 – 7 applicants, per month, to assist. While we would love to assist every applicant who qualifies, it is simply not within our power to do so at this time.



APPLICATION FOR ASSISTANCE

Applications are accepted the 1st – 7th of each month.
Incomplete applications will not be considered.

PLEASE SEND A MAXIMUM OF 8 PAGES

Date:

Name:

Complete Mailing Address: (including City, State and Zip Code)

Email Address:

Birth Date:

Last 4 Digits of SSN Only: (For your protection, please do not provide your complete SSN)

Date of Diagnosis:

Description of Diagnosis: (include staging / oncotype information, such as triple negative, er+, etc.)

Current Average Household Monthly Income:

If you are being assisted by a social worker or patient navigator with your application, please provide their name and the name of their facility or hospital.

Are you currently actively employed?

Are you currently in active treatment?

Signature of Applicant: _____

Grants are given in the amounts of \$500 to \$1,000, per recipient, based on need and funding available.



YOU MUST INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS WITH YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

_____ A letter from your oncologist, surgeon, patient navigator, or social worker, confirming your diagnosis of breast cancer. We do not accept pathology reports or appointment notices.

_____ A short, personal statement on how breast cancer has affected your life.

Please submit the application and supporting documents in one of the following ways:
(EMAILED APPLICATIONS WILL NOT BE ACCEPTED)

1. Fax a copy to 615-634-1220 – Attention: Review Committee
2. Mail a copy to the following address:

Remember Betty
Attention: Review Committee
100 Andover Park W, Suite 150, Box 375
Tukwila, WA 98188

PLEASE SEND NO MORE THAN (8) PAGES.

For additional information or questions, please email bethany@rememberbetty.com.