



**California Cancer Crusher**  
*P.O. Box 3654 ~ Eureka, CA 95502*  
[cacancercrusher@gmail.com](mailto:cacancercrusher@gmail.com)



**Application for Funding/Assistance**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Contact Person: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Type of Request (cash, gas card, assistance with an event, meal train etc.): \_\_\_\_\_

Are you, a family member or friend currently battling cancer? YES  NO  If yes, relationship? \_\_\_\_\_

What type of cancer: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

Is this person a current/past resident of Humboldt County? YES  NO  If yes, when? \_\_\_\_\_

Have you previously received assistance from the California Cancer Crushers? YES  NO  If yes, when/what? \_\_\_\_\_

Would you like a list of resources? YES  NO  Would you like to share other agencies who have assisted you? \_\_\_\_\_

How did you hear about the California Cancer Crushers? \_\_\_\_\_

**Summary**

Please describe your need for assistance and how you plan to utilize any assistance provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to assistance being provided, I understand that false or misleading information in my application may require funding be withheld or paid back.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_